



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte



National Standards for **Safer Better Healthcare**

June 2012

About the Health Information and Quality Authority

The Health Information and Quality Authority (HIQA) is the independent Authority established to drive continuous improvement in Ireland's health and personal social care services, monitor the safety and quality of these services and promote person-centred care for the benefit of the public.

The Authority's mandate to date extends across the quality and safety of the public, private (within its social care function) and voluntary sectors. Reporting to the Minister for Health and the Minister for Children and Youth Affairs, the Health Information and Quality Authority has statutory responsibility for:

Setting Standards for Health and Social Services – Developing person-centred standards, based on evidence and best international practice, for those health and social care services in Ireland that by law are required to be regulated by the Authority.

Social Services Inspectorate – Registering and inspecting residential centres for dependent people and inspecting children detention schools, foster care services and child protection services.

Monitoring Healthcare Quality and Safety – Monitoring the quality and safety of health and personal social care services and investigating as necessary serious concerns about the health and welfare of people who use these services.

Health Technology Assessment – Ensuring the best outcome for people who use our health services and best use of resources by evaluating the clinical and cost effectiveness of drugs, equipment, diagnostic techniques and health promotion activities.

Health Information – Advising on the efficient and secure collection and sharing of health information, evaluating information resources and publishing information about the delivery and performance of Ireland's health and social care services.



The Health Information and Quality Authority is a signatory to Patient Safety First - an awareness raising initiative through which healthcare organisations declare their commitment to patient safety. Through participation in this initiative, those involved aspire to play their part in improving the safety and quality of healthcare services. This commitment is intended to create momentum for positive change towards increased patient safety.

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Part One

Introduction



1. Introduction

Many countries, including Ireland, have identified the need to drive improvements in healthcare in order to provide high quality, reliable and safe care to the population in the most effective, efficient and accessible way within the resources available.

Like most jurisdictions, Ireland has many examples of good healthcare, as well as experiences of service users being let down by serious failings in their care. Consequently, the need for greater reliability and less variation in the quality of Irish healthcare has been well accepted.

It is also recognised internationally that the setting and implementation of standards and monitoring compliance with them are important levers in driving improvements in quality and safety in healthcare. Standards help to set public, provider and professional expectations and enable everyone involved in healthcare to play a vital part in safeguarding patients and delivering continuous improvement in the quality of care provided.

Standards promote responsibility and accountability for the quality and safety of services provided. By incorporating national and international best available evidence, standards also promote healthcare that is up to date, effective and consistent. Importantly, standards for healthcare provide a basis for planning and managing services and measuring improvements as well as identifying and addressing gaps and deterioration in the quality and safety of the services provided.

The Health Information and Quality Authority (the Authority) has the national statutory role to set and monitor compliance with standards for the quality and safety of health and social care services in Ireland. These *National Standards for Safer Better Healthcare* (National Standards) have been developed by the Authority in accordance with this function.

At present, the Authority's remit in healthcare includes services provided or funded by the Health Service Executive (HSE). It does not include mental health services (which are regulated by the Mental Health Commission) or private healthcare providers.

The Authority does not have a remit for individual healthcare professionals who are regulated through their relevant professional bodies. However, health and social care regulators have a common purpose to protect service users and to drive improvements in the quality and safety of services provided to them. Consequently, these National Standards have been designed to complement the work of other healthcare regulators for this purpose.

These National Standards were approved by the Minister for Health on 16 May 2012 and, in accordance with the Health Act 2007, the Authority will monitor compliance with them. However, they have not been developed solely for that purpose. Service users (this includes patients, carers, family and representatives where applicable) can use the *National Standards for Safer Better Healthcare* to understand what high quality and safe healthcare should be, what they should expect from a well-run service and to voice these expectations.

The National Standards also provide a sound basis for anyone planning, funding or providing healthcare services to work towards achieving and maintaining high quality, safe and reliable care.

1.1 Legislative framework

Under section 8(1)b of the Health Act 2007 the Authority has the function of setting standards on the safety and quality of health and social care services provided by the HSE or a service provider in accordance with the Health Acts 1947 to 2007, Child Care Acts 1991 and 2001, the Children Act 2001 and nursing home services as defined in section 2 of the Health (Nursing Homes) Act 1990.

Under section 8(1)c of the Health Act 2007, the Authority has the function to monitor compliance with standards and to advise the Minister for Health and the HSE accordingly.

1.2 Vision for quality and safety in healthcare

The *National Standards for Safer Better Healthcare* describe a vision for high quality, safe healthcare. To inform this, the Authority reviewed how other countries describe quality in healthcare, their experience in setting standards, national reports and reviews of quality and safety in Ireland, what service users and the public have told us, and the Authority's activities in reviewing health services in Ireland.

As quality in healthcare is a multifaceted concept, there has been a growing trend internationally to describe quality according to quality dimensions. The most frequently used dimensions include: patient-centredness, safety, effectiveness, efficiency, access, equity and promoting better health.

The main attributes of high quality, safe healthcare identified by the Authority's review are that:

- service users are treated with kindness, consideration and respect and have the information they need to make decisions
- service providers put service users' needs and preferences at the centre of all their activities

- service users have access to the right care and support at the right time
- there is clarity about who is responsible and accountable for the quality and safety of services
- services are based on good evidence of what works best and strive for excellence by monitoring how they perform and making the necessary changes to improve
- the safety of service users is paramount and steps are taken to anticipate and avoid things going wrong and to reduce the impact if they do
- services are designed for reliability – minimising inconsistency, variation in provision and the likelihood of things going wrong
- people working in the service are recruited, organised, developed and supported so that they have the skills, competencies and knowledge to enable the delivery of high quality, safe and reliable care
- accurate and timely information is used to promote effectiveness and drive improvements
- service providers take every opportunity to enable people who use services to increase control over their own health and wellbeing and the factors that influence them.

These attributes can be translated into any health and social care setting.

1.3 Culture of quality and safety in healthcare

Within healthcare, the culture of the service has an important impact on improving the quality and safety of the care provided.

A 'quality and safety culture' ensures that quality and safety is seen as fundamental to every person working within that service including clinical and non-clinical staff, healthcare managers and the board or equivalent of an organisation.

This culture places the interests of service users and patients at the centre of care and supports behaviours that are respectful of service users and others. It promotes openness and transparency, teamwork, open and effective communication and a supportive environment within which both service users and providers can raise issues of concern and feel confident that this will not have a negative impact on how they are dealt with. A quality and safety culture helps to build trust and confidence in a service.

A 'quality and safety culture' supports and values learning, particularly learning from situations when things go wrong. Promoting and reinforcing this culture requires effective governance, clear accountability and robust leadership from healthcare professionals and managers at all levels of the organisation. However, a quality and safety culture also recognises that the quality and safety of services is the responsibility of everyone within the service.

Implementing the *National Standards for Safer Better Healthcare* will enable a culture in which all involved in healthcare are supported and encouraged on a day-to-day basis to play their part in making services safer and better.

1.4 Purpose of the National Standards

The *National Standards for Safer Better Healthcare* aim to give a shared voice to the expectations of the public, service users and service providers. They also provide a roadmap for improving the quality, safety and reliability of healthcare.

The *National Standards for Safer Better Healthcare*:

- offer a common language to describe what high quality, safe and reliable healthcare services look like
- can be used by service users to understand what high quality safe healthcare should be and what they should expect from a well-run service
- enable a person-centred approach by focusing on outcomes for service users and driving care which places service users at the centre of all that the service does
- create a basis for improving the quality and safety of healthcare services by identifying strengths and highlighting areas for improvement
- can be used in day-to-day practice to encourage a consistent level of quality and safety across the country and across all services
- promote practice that is up to date, effective, and consistent
- enable providers to be accountable to service users, the public and funding agencies for the quality and safety of services by setting out how they should organise, deliver and improve services.

The National Standards have been designed so that they can be implemented in all healthcare services, settings and locations. This means that service providers can use the National Standards to continuously improve the quality and safety of their care by assessing and managing the performance of their services, and those provided on their behalf, against the *National Standards for Safer Better Healthcare*.

In the future, the Authority will monitor the compliance of service providers against the National Standards. These standards will underpin the proposed licensing of designated healthcare providers. The National Standards will also provide the basis for evaluating and authorising any future transition towards new locally governed arrangements in hospitals.

1.5 Scope of the National Standards

These National Standards apply to all healthcare services (excluding mental health) provided or funded by the HSE including, but not limited to: hospital care, ambulance services, community care, primary care and general practice.

While the Authority's current remit does not cover private healthcare, representatives of the private sector participated in the development of these National Standards. It is hoped that private healthcare providers will adopt these National Standards voluntarily in advance of proposed statutory licensing. When a statutory licensing system commences, it is envisaged that all service providers will be subject to compliance with the National Standards and the relevant legislation.

These National Standards do not describe the detail of specific clinical practice which is best addressed in clinical practice guidelines. With the establishment of the National Clinical Effectiveness Committee there is a framework for the development and approval of national clinical guidelines developed by multidisciplinary groups that include service users and healthcare professionals.

These National Standards set the expectation that where such national clinical guidelines are in place, steps are taken to implement them and this can be demonstrated by the service provider when compliance with these National Standards is being monitored.

1.6 Development of the National Standards

The *National Standards for Safer Better Healthcare* have been developed through an extensive process involving a review of the international and national evidence, consultation with key stakeholders and the establishment of an advisory group. The process is detailed in Appendix 1 and the membership of the advisory group is listed in Appendix 2.

A national public consultation was carried out from September to November 2010. There were over 200 submissions to the consultation process which were analysed and used to inform the development of the National Standards. A summary and analysis of these submissions is available as a Statement of Outcomes on www.hiqa.ie.

In order to reflect evolving national and international research and developments, the National Standards will be reviewed in three year's time.

1.7 Themes for quality and safety

The areas covered by the National Standards were identified through a process of reviewing international and national evidence, engagement with international and national experts and applying the Authority's knowledge and experience of the Irish healthcare context. Based on this process the dimensions of quality described in these National Standards are:

- Person-centred care and support – how services place the service user at the centre of their delivery of care. This includes the concepts of access, equity and protection of rights.
- Effective care and support – how services deliver best achievable outcomes for service users in the context of that service, reflecting best available evidence and information. This includes the concepts of service design and sustainability.

- Safe care and support – how services avoid, prevent and minimise harm to service users and learn from when things go wrong.
- Better health and wellbeing – how services identify and take opportunities to support service users in increasing control over improving their own health and wellbeing.

Delivering improvements within these quality dimensions depends on service providers having capability and capacity in four key areas:

- Leadership, governance and management – the arrangements put in place by a service for clear accountability, decision making, risk management as well as meeting their strategic, statutory and financial obligations.
- Workforce – planning, recruiting, managing and organising a workforce with the necessary numbers, skills and competencies.
- Use of resources – using resources effectively and efficiently to deliver best possible outcomes for service users for the money and resources used.
- Use of information – actively using information as a resource for planning, delivering, monitoring, managing and improving care.

The Authority has used the above to create eight themes under which the *National Standards for Safer Better Healthcare* are presented.

1.8 Terminology

Service user

Throughout the National Standards and guidance the term service users is used. The term service user includes:

- people who use healthcare services
- their parents, guardians, carers and family
- their nominated advocates
- potential users of healthcare services.

The term 'service user' is used in general throughout this document but occasionally the term patient is used where it is more appropriate. Reference to service users does not include service providers who use services on behalf of their patients, for example, general practitioners using diagnostic laboratory services.

Service provider

The term service provider in the National Standards refers to any person, organisation, or part of an organisation delivering healthcare services, as described in the Health Act 2007 sections 8(1)(b), (i) and (ii). This would not normally include

an individual employed by an organisation which would have corporate responsibility for meeting the National Standards.

1.9 Implementing the National Standards

Having been approved by the Minister for Health, these National Standards take immediate effect under section 8 of the Health Act 2007 and apply to healthcare services provided or funded by the HSE (excluding mental health services). These service providers should begin implementing all the National Standards with a view to achieving full compliance.

Given that the National Standards are new to the healthcare system, the Authority will initially commence an awareness and education campaign which will involve communicating and engaging with key stakeholders, developing and disseminating key messages, developing and publishing guidance and working with other agencies to build capacity within the healthcare system.

The National Standards are not intended to layer additional requirements on service providers, rather to provide the framework for how services are organised, managed and delivered on a day-to-day basis. However, it is recognised that implementing these National Standards could require a significant change in how services are planned and delivered. Service providers will be expected to carry out a self-assessment of where they are currently in relation to compliance with all the National Standards and then put in place progressive implementation plans to address any gaps. The features described under each Standard are designed to help with this process, though service providers may demonstrate that they meet the requirements of the National Standards through other valid ways.

The guiding principle – and one that will be a focus of future monitoring by the Authority – is to create momentum across the National Standards in progressing towards full implementation, while prioritising for immediate action areas of significant deficit or risk to service users.

In their self-assessment, service providers must identify and prioritise areas that need greater emphasis or a faster rate of progression towards full and sustainable compliance – particularly when identifying areas of risk.

The National Standards require every service provider to have a designated and clearly identified individual with overall executive accountability for the delivery of high quality safe services, including the implementation of the *National Standards for Safer Better Healthcare*. This individual should be the chief executive, or equivalent, of an organisation who may, in all but very small organisations, explicitly further delegate the accountability and responsibility for this to identified individuals within the organisation. However, this does not dilute that designated and clearly identified individual's overall accountability. Where a service provider has a governing board, the board has ultimate accountability for the quality and safety of the services provided and, consequently, the implementation of the National Standards. Establishing these arrangements is an essential prerequisite for implementing these National Standards.

Resources for implementation

In recent years, along with many countries, Ireland has experienced significant economic challenges. At the same time as funding available for healthcare is under pressure, the potential costs of providing healthcare also continue to rise with advances in technology and medical science and the increasing age of the population. Therefore, using all resources effectively and efficiently to improve outcomes for service users is even more important now than it was in the past.

The Authority regards these National Standards as describing how, within the total resources available for healthcare, services should be planned, organised, managed and delivered to provide the most safe, effective and efficient services possible for the benefit of the population.

The National Standards do not presume that the way services are organised and provided currently will necessarily be capable of meeting the National Standards. Meeting these National Standards will require service providers to align their resources appropriately to ensure the delivery of safe services while applying evidence of what works best. Consequently, local and national changes may be needed in the way services are designed, and in the allocation of healthcare resources. This places a high importance on how service providers nationally and locally plan and use available resources so that their services are high quality, safe and sustainable.

In the initial period of implementation, there may be a requirement to provide training and raise workforce awareness in relation to the National Standards. Service providers and commissioners should take this into account when planning their resources.

Interpreting the National Standards in specific services

The Authority has developed these National Standards to set out the key principles of quality and safety that should be applied in any healthcare service setting. The primary obligation will be on service providers to meet the National Standards and demonstrate this to service users and the public.

Initially, the Authority will provide general guidance with the National Standards. The purpose of the guidance will be to:

- facilitate the successful implementation of the National Standards
- provide common understanding and language across all healthcare services
- provide examples from different services of steps that providers can take to meet the National Standards.

The general guidance on the National Standards will support service providers in developing their self-assessment. However, the Authority will also have a continuous process to identify areas which may require more specific guidance. This process will include ongoing consultation with service users, front-line staff, relevant experts and service providers. The Authority will engage with relevant

interested parties to ensure the guidance is appropriate and facilitates the implementation of the National Standards.

These National Standards include an obligation on service providers to take full account of such formal guidance issued by the Authority when planning and delivering services.

Evidence-based healthcare

To drive improvements in the quality and safety of healthcare it is important that decisions, including clinical decisions, are based on the best available evidence and information.

Implementing clinical guidelines and audit is an internationally recognised way of getting evidence into practice. The establishment of the National Clinical Effectiveness Committee, under the auspices of the Department of Health, provides a framework to oversee the prioritisation, development or adaptation of national clinical guidelines and audit, which are then endorsed by the Minister for Health.

The *National Standards for Safer Better Healthcare* are an important driver for the implementation of national clinical guidelines and participation in audit at all levels of healthcare. Taking steps to implement national clinical guidelines and to conduct audit are required under these National Standards and in the future this will be reinforced by licensing legislation.

Interaction with other regulatory standards

These National Standards have been developed to describe quality and safety requirements for healthcare service providers (except mental health services). Standards for other care services and other aspects of healthcare are set and monitored by other means:

- the Authority has developed standards for social care (including children's services, residential care for older people and residential services for people with disabilities) and these can be found on the Authority's website (www.hiqa.ie)
- the Mental Health Commission, an independent statutory body set up under the Mental Health Act 2001, regulates mental health services. The Mental Health Commission developed standards for mental health services in 2007 (www.mhcirl.ie)
- professional regulatory bodies, for example, the Medical Council of Ireland or An Bord Altranais, regulate the competence and performance of individual professional practitioners
- the Health and Safety Authority (www.hsa.ie), in accordance with the Safety, Health and Welfare at Work Act, 2005, monitors the health and safety at work of all those employed by a service.

The Authority will review the role and application of all existing standards developed under its auspices in light of the implementation of the *National*

Standards for Safer Better Healthcare and will advise the Minister for Health on the future application of existing standards following this review.

Some service providers may be in the position that various standards issued by the Authority may be relevant to them. For example, a service that provides both day clinics and residential services for the elderly. Service providers will have to demonstrate compliance with the standards applicable to each service. The Authority will work both internally and with service providers to support the implementation of all standards developed and issued by the Authority to avoid duplication and unnecessary organisational effort on the part of service providers.

The Authority will continue to work with other regulatory bodies to coordinate regulatory activities.

Licensing of healthcare services

With the launch of the National Standards, and prior to the commencement of the licensing of designated healthcare services, there is an opportunity for the healthcare system to build its capacity and capability to ensure that it is prepared for the enactment of licensing legislation. It is envisaged that the licensing regulations will be based on the key concepts within the National Standards.

1.10 Monitoring of compliance with the National Standards

Service providers will be expected to demonstrate their level of compliance with the requirements of the National Standards. Also, the Authority will continue to respond to information it receives and, in accordance with its regulatory remit, bring to the attention of the HSE and HSE-funded service providers any information that raises concerns about the health or welfare of service users.

The Authority will also develop a structured programme of monitoring compliance with the National Standards. Recognising that these are new to healthcare in Ireland, this programme will adopt a monitoring for improvement approach. The monitoring programme will focus on how service providers improve the quality and safety of services for their service users, including how providers identify and mitigate significant risks.

It is envisaged that the monitoring programme will begin following a period of time spent supporting service providers in the implementation of the Standards. The programme will be phased and the Authority will communicate which services or sectors will be monitored, and in what order, well in advance of the commencement of the process.

1.11 How the National Standards are structured

As Figure 1 illustrates below, the eight themes are intended to work together. Collectively, they describe how a service provides high quality, safe and reliable care centred on the service user. The four themes on the upper half of the figure relate to the dimensions of quality and safety and the four on the lower half of the figure relate to the key areas of capacity and capability.

Figure 1: Themes for Quality and Safety



The National Standards are set out in full in the pages that follow.

Each National Standard describes the high-level outcome required to contribute to quality and safety.

There are two sections under each National Standard: the features and the service-user section. The features are examples of arrangements and outcomes that services meeting the standards are likely to have in place. The service-user section gives examples of what service providers' compliance with the National Standards will mean for service users.

2. Implementation Principles of the *National Standards for Safer Better Healthcare*

These National Standards, when implemented, will contribute to high quality safe healthcare for service users and enable a culture of quality and safety.

Implementation Principles:

1. These National Standards describe high quality safe healthcare and because of their interdependence should be regarded and implemented together as a complete system.
2. Steps taken to meet one National Standard by the service provider should not cause a breach of any other of the *National Standards for Safer Better Healthcare*.
3. Service providers evaluate and manage their performance against these National Standards on an ongoing basis and take steps to address any identified areas for improvement.
4. Actions taken to implement the National Standards should be proportionate to the size and complexity of the service.
5. Presented with the National Standards are features that services meeting the standards are likely to include. This is not an exhaustive list and service providers may find other valid ways to meet the National Standards. However, the service provider must assure the public, themselves and the Authority that they are meeting the National Standards through the arrangements they have put in place.

Part Two

The National Standards

Theme 1

Person-Centred Care and Support



Theme 1

Person-Centred Care and Support

Person-centred care and support places service users at the centre of all that the service does. It does this by advocating for the needs of service users, protecting their rights, respecting their values, preferences and diversity and actively involving them in the provision of care. Person-centred care and support promotes kindness, consideration and respect for service users' dignity, privacy and autonomy.

By considering service users' needs and preferences in the planning, design and delivery of care and support services, better service-user satisfaction can be achieved. This, in turn, can lead to improved outcomes for service users including better health and wellbeing. Person-centred care supports equitable access for all service users so that they have access to the right care and support at the right time, based on their assessed needs. This is best achieved through an organisation-wide culture that is focused on what is most important from the service users' perspective.

Being person centred means service providers communicate in a manner that supports the development of a relationship based on trust. Good communication and the provision of adequate information ensures that service users make informed decisions about their care, including informed decision making to give or refuse consent to treatment.

Service-user participation in their own care is more likely when they are comfortable with, and confident in, those providing care and when they understand the care choices being offered to them.

Good service-user experiences are an important outcome for all healthcare services. Having a robust complaints process provides service users with the opportunity to express their views when their experiences have not been optimal, and allows service providers to identify areas for service improvement. Good communication is central to successful complaints handling and will assist in minimising the likelihood of complaints occurring in the first place.

Service users experience care and support that recognises the potential impact that requiring care can have on individuals and their families. As much as possible, people are supported to look after their own health and wellbeing and when service users do seek care, treatment or support they experience a person-centred service that responds in a manner that places the service users at the centre of all it does.

Standard 1.1

The planning, design and delivery of services are informed by service users' identified needs and preferences.

Features of a service meeting this standard are likely to include:

- 1.1.1 Proactive and systematic identification of service users' collective needs and preferences.
- 1.1.2 Formal consideration is given to service users' collective priorities, needs and preferences in the planning, design and delivery of services.
- 1.1.3 Involvement of service users at key stages in the planning and design of healthcare services. Service users are kept informed of key decisions during this process and how their needs and preferences have been considered.
- 1.1.4 Provision of services at a time and place which takes into account the expressed preferences of service users, where this provision can be achieved safely, effectively and efficiently.
- 1.1.5 Flexibility to respond to the changing needs and preferences of service users where this can be achieved safely, effectively and efficiently.
- 1.1.6 Coordination of care within and between services takes account of service users' needs and preferences.
- 1.1.7 Feedback from service users being used to continuously improve the experience for all service users.
- 1.1.8 Regular evaluation of services to assess how well they are meeting the identified needs and preferences of service users.

What this means for you as a service user when this standard is met:

- service users are involved in the planning and design of healthcare services in their local area
- the preferences and views of service users are taken into account by service providers when they are developing and delivering services
- feedback from service users about their experience of the service is regularly sought and used to improve the quality and safety of the service provided
- service providers, while mindful of all service users' needs, will take account of your individual circumstances when planning and delivering your care
- if you move between services all relevant information will be shared, with your permission, to ensure you receive the best care.

Standard 1.2

Service users have equitable access to healthcare services based on their assessed needs.

Features of a service meeting this standard are likely to include:

- 1.2.1 Promotion of equitable access, through service design based on relevant information about the people using services, to ensure available resources are deployed fairly.
- 1.2.2 Access for service users that is based on needs assessment and best available evidence, and is in line with relevant eligibility criteria. This is irrespective of factors such as the service users' age, gender or geographical location.
- 1.2.3 Clear and transparent decision-making processes, including referral pathways, to facilitate service users' access to healthcare services. The effectiveness of these processes is regularly evaluated.
- 1.2.4 Provision of clear and relevant information in usable formats for service users about the services available to them and how to access these services.
- 1.2.5 Identification of the access needs of the population served, including their physical, sensory and language needs, and arrangements to meet these needs in line with relevant legislation.

What this means for you as a service user when this standard is met:

- your healthcare professional will determine your healthcare needs in partnership with you
- the healthcare you receive is based on your assessed needs and is not decided by factors such as your age, where you live or whether you are male or female
- referral processes are designed so that you get the care you need when you need it.
- service users receive information about healthcare services in a way that is understandable to them
- it is clear to service users how they can access care and treatment
- it is clear to service users, how the service makes decisions about who they provide services to

Standard 1.3

Service users experience healthcare which respects their diversity and protects their rights.

Features of a service meeting this standard are likely to include:

- 1.3.1 Facilitation of service users to exercise civil, political and religious rights as enshrined in Irish law, as far as is reasonably practicable, when they are receiving healthcare.
- 1.3.2 Initial and ongoing access to healthcare for service users which is in compliance with legislation and does not discriminate according to age, gender, sexual orientation, disability, marital status, family status, race, religious belief, or membership of the Traveller Community.

What this means for you as a service user when this standard is met:

- your rights, for example your right to privacy, are respected and protected when you are receiving healthcare
- your access to healthcare is not affected by your age, gender, sexual orientation, disability, marital status, family status, race, religious belief, or membership of the Traveller Community.

Standard 1.4

Service users are enabled to participate in making informed decisions about their care.

Features of a service meeting this standard are likely to include:

- 1.4.1 Provision of accessible, clear, timely and relevant information to service users about their condition, treatment options and the services available to them.
- 1.4.2 Active facilitation of individual service users as much as possible to exercise choice in the ongoing planning and delivery of their care and treatment.
- 1.4.3 Facilitation of service users to access patient support services including, where appropriate, independent support groups.
- 1.4.4 Notification in advance to service users of any direct financial costs to them for services they may receive.

What this means for you as a service user when this standard is met:

- you receive information that will help you to make decisions about your own care
- you are involved in making decisions about your own care and treatment as much as possible
- the information you receive is made available to you in a way and language you can understand
- you will be helped to access patient support services if you so wish
- if there are any direct costs to you for your care, you can expect to be told what these costs are before you are treated.

Standard 1.5

Service users' informed consent to care and treatment is obtained in accordance with legislation and best available evidence.

Features of a service meeting this standard are likely to include:

- 1.5.1 Arrangements to obtain, and act in accordance with, the informed consent of service users in line with legislation and best available evidence.
- 1.5.2 Effective arrangements that protect the best interests of children and service users who lack capacity to give informed consent.
- 1.5.3 Monitoring and evaluation of the effectiveness of the arrangements for obtaining informed consent and taking steps to address any identified areas for improvement.

What this means for you as a service user when this standard is met:

- you will only receive care that you have given your permission for. If you are not able to give your permission, the service will have procedures in place to protect your best interests and, where possible, to find out from those closest to you what your wishes are
- you receive information about the risks and benefits of your care and treatment as well as other options that may be available to you to help you decide if you would like to go ahead with the care and treatment
- if you wish, you can bring somebody you know with you to help and support you to make decisions about your care and treatment
- you will be given time to think about any decisions that you may need to make about your care and treatment (except in an emergency where this may not always be possible)
- your decision to refuse or withdraw your permission to receive care and treatment is respected and will not influence any care and treatment which you may require in the future.

Standard 1.6

Service users' dignity, privacy and autonomy are respected and promoted.

Features of a service meeting this standard are likely to include:

- 1.6.1 Design and delivery of care in a manner which promotes service users' dignity, privacy and autonomy.
- 1.6.2 Promotion and protection of service users' privacy, dignity and autonomy within an appropriately designed and managed physical environment.
- 1.6.3 Communication with service users in a manner that respects their dignity and privacy.
- 1.6.4 Respect at all times for service users' dignity and privacy when they are receiving personal care or attending to their own personal care.
- 1.6.5 Protection of a service user's personal information at all times in line with legislation and best available evidence.

What this means for you as a service user when this standard is met:

- your personal information is protected and is only discussed, with your consent, with those involved with your treatment
- the care you receive respects your dignity and independence
- the people working in the healthcare service will listen to you
- the people working in the healthcare service will help you when you need it but will support you in maintaining your independence
- the care you receive respects your privacy in relation to your personal space, personal care and making sure information about you is kept safe and private.

Standard 1.7

Service providers promote a culture of kindness, consideration and respect.

Features of a service meeting this standard are likely to include:

- 1.7.1 A culture of kindness, consideration and respect that is actively promoted through the service's mission statement, service design, code of conduct, training, development and evaluation processes.
- 1.7.2 Active listening and communication with service users in an open and sensitive manner, in line with their expressed needs and preferences.
- 1.7.3 Recognition that at certain stages of a services user's care and treatment, some individuals may be more vulnerable than others. Service providers proactively identify the likely points where this may occur (for example, approaching end of life) and provide mechanisms to support service users.
- 1.7.4 Actively seeking and respecting service users' views, values and preferences and taking these into account in the provision of their care.

What this means for you as a service user when this standard is met:

- you are treated with kindness, consideration and respect when receiving healthcare
- when you contact your healthcare facility your enquiry will be responded to in a timely manner
- people providing your care talk with you in a clear, honest and sensitive manner while being mindful of your privacy
- you are asked what your views and preferences are and these are respected and taken into account when your care is planned.

Standard 1.8

Service users' complaints and concerns are responded to promptly, openly and effectively with clear communication and support provided throughout this process.

Features of a service meeting this standard are likely to include:

- 1.8.1 Complaints procedures that are clear, transparent, open and accessible to service users and take account of legislation, relevant regulations, national guidelines and best available evidence.
- 1.8.2 Complaints procedures that ensure as timely a response as possible, taking account of the requirement to fully address the issues raised by the complainant.
- 1.8.3 Complaints procedures that identify the expectations of service users making complaints and ensure that these expectations are taken into account and addressed throughout the process.
- 1.8.4 A coordinated response to service users who make a complaint, including when their care is shared between healthcare professionals or transferred from one service provider to another.
- 1.8.5 A supportive environment for service users that encourages them to provide feedback, raise concerns or make complaints verbally or in writing in a culture of openness and partnership.
- 1.8.6 Support for a culture in which service users' care is not negatively affected as a result of them having made a complaint or expressed a concern.
- 1.8.7 Structured arrangements to ensure that service users who make a complaint are facilitated to access support services, such as independent advocacy services.

What this means for you as a service user when this standard is met:

- your complaints and concerns are listened to and responded to in a timely manner
- you will be informed about how your feedback, compliments and complaints will be used to improve the quality of the service
- if you make a complaint and your care is shared between different healthcare professionals or services you will receive a coordinated response to your complaint
- if you make a complaint, the service will ensure that they understand the matters you would like addressed and take these into account when they look into the complaint
- if you make a complaint, you can be assured that the care you receive will not be negatively affected at the time or in the future.

Standard 1.9

Service users are supported in maintaining and improving their own health and wellbeing.

Features of a service meeting this standard are likely to include:

- 1.9.1 Active development of, and support for, a culture that promotes better health for service users.
- 1.9.2 Support for individual service users to identify their key health priorities.
- 1.9.3 Support for service users to have greater responsibility for maintaining and improving their own health and wellbeing.
- 1.9.4 A structured approach to identification of opportunities, in partnership with service users, to maintain and improve service users' health and wellbeing.

What this means for you as a service user when this standard is met:

- you receive advice and information to help identify opportunities for you that may lead to a healthier lifestyle
- healthcare professionals work with you to help maintain and improve your health and wellbeing.

Theme 2

Effective Care and Support

2



Theme 2

Effective Care and Support

The fundamental principle of effective care and support is that it consistently delivers the best achievable outcomes for people using a service within the context of that service, and the resources available to it. This can be achieved by using best available national and international evidence and ongoing evaluation of service-user outcomes to determine the effectiveness of the design and delivery of care and support. How this care and support is designed and delivered should meet service users' assessed needs in a timely manner, while balancing the needs of other service users.

With the development of new technologies, treatment and management plans, availability of new evidence and the changing needs of service users, an approach that worked in the past may not necessarily be as effective in the future. An effective, responsive service is agile and needs to be able to adapt to these changes in a managed way.

In some circumstances, in order to achieve effective care and support, certain practices that are shown not to work may need to be discontinued. In healthcare, clinical decision making should take place in partnership with service users and be based on a balanced assessment of the benefits and the risks to them of the proposed care.

The delivery of healthcare is complex and, to be effective, it needs to be well planned, organised and managed. Planning means that the service and its outcomes must be clearly described, including the outcomes intended for people using it.

Effective care is also about ensuring that each service user receives well-coordinated care and support at the right time and in the right place. Continuity of care and support is important for each service user to ensure that no one, and no part of their treatment, falls through gaps in the provision of services. This requires that each service user knows who is responsible and accountable for their care at all times and that the right information is available at the point where clinical decisions are made.

The effectiveness of care is supported by the environment in which healthcare is delivered. Effective healthcare is provided in a safe and secure environment that is responsive to service users' physical and sensory needs and supports their health and wellbeing.

An effective service continually looks for opportunities to improve how it cares for and supports its service users. Monitoring the quality of care and support, including using feedback from service users and the workforce, allows a service provider to know that the care it provides is effective and to address areas for improvement.

Standard 2.1

Healthcare reflects national and international evidence of what is known to achieve best outcomes for service users.

Features of a service meeting this standard are likely to include:

- 2.1.1 Healthcare that is delivered according to policies, guidelines, protocols and care pathways that are based on best available evidence.
- 2.1.2 Use of National Clinical Guidelines and nationally agreed protocols, care bundles and care pathways where available.
- 2.1.3 Regular reviews of National Clinical Guidelines to determine what is relevant to the care and treatment provided and taking steps to address any identified gaps to ensure guidelines are implemented.
- 2.1.4 A clearly documented risk assessment when services are unable to fully implement National Clinical Guidelines and appropriate action taken to ensure the quality and safety of services.
- 2.1.5 Modification of National Clinical Guidelines for use in local practice and consideration of these guidelines when assessing and planning an individual service user's care.
- 2.1.6 An evidence-based process for the development of policies, guidelines, protocols and care pathways.
- 2.1.7 Support for, and facilitation of, the workforce in making decisions based on the best available evidence.
- 2.1.8 Support for healthcare professionals in making clinical decisions based on evidence which will maximise benefits to service users and minimise unnecessary treatment and care.

What this means for you as a service user when this standard is met:

- decisions about your healthcare are based on your healthcare needs using evidence from Ireland and other countries while taking into account the needs of other service users
- you will receive care that will maximise the health benefits to you but will avoid any unnecessary treatment and care
- the service providers that are equipped to meet your needs will all provide the same quality of healthcare, regardless of which of them you attend
- your service uses the available National Clinical Guidelines, which are based on evidence, to make sure service users receive safe high quality care.

Standard 2.2

Care is planned and delivered to meet the individual service user's initial and ongoing assessed healthcare needs, while taking account of the needs of other service users.

Features of a service meeting this standard are likely to include:

- 2.2.1 Planning and delivery of healthcare in response to an individual service user's assessed needs that also takes into consideration the collective priorities and needs of service users as a whole.
- 2.2.2 Assessment of the service user's individual healthcare needs by the healthcare professional or team with the necessary competencies and information to plan for and deliver healthcare to the service user.
- 2.2.3 Prioritising the assessment and treatment of each service user according to their needs so that they receive an assessment and treatment that is timely and appropriate to their needs.
- 2.2.4 Outcome goals that are clearly defined when planning care for individual service users. These goals are:
 - based on the service user's assessed needs
 - agreed between the service user and the identified lead healthcare professional
 - regularly reviewed and revised to ensure effectiveness
 - regularly reviewed and revised to ensure they reflect the service user's changing needs and preferences.
- 2.2.5 When the healthcare needs of a service user cannot be met within the scope of the service, informing the service user, and, in consultation with them, making the necessary arrangements for transfer of care to the appropriate service.

What this means for you as a service user when this standard is met:

- your healthcare needs are assessed by those healthcare professionals who are best able to decide with you what your care and treatment should be
- you can expect to receive timely healthcare when you need it from staff who have the required skills and knowledge to provide this healthcare
- you are involved in making decisions about your healthcare and treatment
- the healthcare you receive is regularly reviewed with you to make sure that it continues to be the right treatment for you
- your individual needs are met while also taking into account the needs of service users as a whole
- if the service cannot provide the care, treatment or support you need, the service will consult with you about transferring you to a service that can provide the appropriate care.

Standard 2.3

Service users receive integrated care which is coordinated effectively within and between services.

Features of a service meeting this standard are likely to include:

- 2.3.1 Formally agreed systems, when care is provided by more than one service provider, to actively coordinate the provision of care. This is done in partnership with service users while respecting their confidentiality.
- 2.3.2 Active cooperation with other service providers, in particular when service users are transferring within and between services.
- 2.3.3 Sharing of necessary information to facilitate the safe transfer or sharing of care, in a timely and appropriate manner and in line with relevant data protection legislation.
- 2.3.4 Arrangements to facilitate effective communication and multidisciplinary team-working to deliver integrated care.
- 2.3.5 Provision of information about the process for transfer of care, to ensure clarity for service users and other service providers.

What this means for you as a service user when this standard is met:

- you can expect all people involved in your care to be working together, to make sure that you receive the best possible care
- you can expect to receive safe and coordinated care when you:
 - are receiving care from more than one healthcare professional
 - move between different services, such as when your general practitioner (GP) refers you to a hospital for further care or treatment
 - move within or between hospitals and services
- in order to coordinate your care, it may be necessary at times for healthcare professionals to share information about your care. If they do, they will do so in a manner that respects your privacy and confidentiality
- if your care is transferred between services you are given information so you know what is happening.

Standard 2.4

An identified healthcare professional has overall responsibility and accountability for a service user's care during an episode of care.

Features of a service meeting this standard are likely to include:

- 2.4.1 Informing service users who their responsible healthcare professional is, and facilitating discussion about their care between the service user and that healthcare professional.
- 2.4.2 Clear documentation of the identified healthcare professional with overall responsibility and accountability for a service user's care at all times.
- 2.4.3 Timely, formal handover of information and accountability for the overall care of a service user when they move within or between services and the responsible healthcare professional changes; keeping the service user informed of these changes and making explicit the change of healthcare professional and documenting this.
- 2.4.4 Identification of a healthcare professional who is accountable and responsible for the coordination of a service user's care, including during an episode of care involving multiple clinical specialties.

What this means for you as a service user when this standard is met:

- you will know the name of the person who is in charge of your care at all times
- the name of the person in charge of your care is documented in your healthcare record at all times
- if your care is moved between services, and the person who is in charge of your care changes, you will be told about this change. The necessary information about your care will be given to the new healthcare professional in charge of your care in a way that protects your privacy.

Standard 2.5

All information necessary to support the provision of effective care, including information provided by the service user, is available at the point of clinical decision making.

Features of a service meeting this standard are likely to include:

- 2.5.1 Relevant information being shared in a timely and appropriate manner to facilitate the transfer or sharing of care within and between multidisciplinary healthcare teams and services from referral through to transfer or discharge.
- 2.5.2 Necessary information being shared to support the provision of care in a manner that respects service users' privacy and confidentiality.
- 2.5.3 Ready availability of accurate, up-to-date and easily retrievable high quality information, including information from the service user, to healthcare providers involved in each individual's care.

What this means for you as a service user when this standard is met:

- you can expect that the healthcare professionals who are caring for you can access all the relevant information that they need to make decisions with you about your care and treatment
- you can expect that, with your permission, the necessary information to inform your care and treatment will be shared between healthcare services in a timely manner that protects your privacy
- you can expect that information is shared appropriately to avoid asking you to repeat your medical history unnecessarily.

Standard 2.6

Care is provided through a model of service designed to deliver high quality, safe and reliable healthcare.

Features of a service meeting this standard are likely to include:

- 2.6.1 Clear description of how the service will be delivered and communication of the scope, objectives and intended quality outcomes of the service through a publicly available statement of purpose.
- 2.6.2 Delivery of care using high quality, safe and reliable models of service delivery that have the required clinical services, meet legislative requirements and take into account best available evidence, national policies, National Clinical Guidelines if available, local population health needs and available resources.
- 2.6.3 Necessary arrangements in place for transfer of care to the appropriate service when the service user's healthcare needs cannot be met within the model of service provided. This transfer process involves clear consultation with the service user throughout.
- 2.6.4 Regular review of the services provided and evidence that the defined model of service can be delivered safely. This review should include the:
 - assessed needs of the population being served
 - size, complexity and specialties of the service being provided
 - interdependencies of internal and external clinical and non-clinical services and support arrangements
 - national and international evidence regarding the model of service or type of service being provided
 - relevant legislation and Government policy
 - findings from consultation with key stakeholders
 - number of staff required to deliver the service
 - skill mix and competencies required to deliver the service
 - resources and facilities available
 - changes in the workload.

The service takes the required action where gaps are identified to ensure quality and safety of services.

- 2.6.5 Ongoing assessment of the volumes and casemix of their service users to ensure services are provided to sufficient numbers of service users to maintain the skills and competencies of clinical teams based on best available evidence or advice from the relevant professional and expert bodies. This assessment also ensures that clinical teams receive adequate experience of the management of complex and rare conditions and complications.
- 2.6.6 Management of available resources, including the workforce, to meet legislative requirements, and to deliver the defined model of service safely and sustainably at all times.
- 2.6.7 Planning, management and delivery of services to maintain the quality and safety of care when demand, service requirements, resources or capabilities change.
- 2.6.8 Delivery of healthcare within the stated scope of what can be delivered safely and effectively.

What this means for you as a service user when this standard is met:

- the service decides what services it delivers and how it delivers these services based on evidence of what can be delivered safely and effectively
- the service clearly sets out what healthcare services they provide and the way in which they provide them. This information is made easily available to all service users
- the people providing your healthcare have the necessary skills and experience to provide safe care for you as they regularly care for people with the same or similar condition as you
- the service only delivers those services that it knows it can deliver safely and effectively
- if the service where you are currently receiving care is unable to meet your healthcare needs, you will be supported to access a different service that can provide the necessary care.

Standard 2.7

Healthcare is provided in a physical environment which supports the delivery of high quality, safe, reliable care and protects the health and welfare of service users.

Features of a service meeting this standard are likely to include:

- 2.7.1 Premises and facilities that comply with relevant legislative requirements.
- 2.7.2 Premises and facilities that are accessible and responsive to service users' physical and sensory needs where this can be achieved safely, effectively and efficiently.
- 2.7.3 A physical environment that is planned, designed, developed and maintained to achieve the best possible outcomes for service users for the resources used.
- 2.7.4 A physical environment that is developed and managed to promote better health and wellbeing for service users and members of the workforce.
- 2.7.5 A physical environment that is developed and managed to minimise the risk to service users and members of the workforce from acquiring a Healthcare Associated Infection.
- 2.7.6 Appropriate management of hazardous materials and waste including arrangements for safe handling, storage, use and disposal.
- 2.7.7 Appropriate measures in place to ensure the security of the premises.
- 2.7.8 A physical environment that is planned and managed, for example, through ongoing risk assessment and management, to maintain the quality and safety of care when demand, services delivered or resources change.
- 2.7.9 The proactive identification of risks associated with changes to the physical environment where care is delivered and evaluation of identified risks and necessary action to eliminate or minimise such risks.

What this means for you as a service user when this standard is met:

- service users receive healthcare in surroundings that are laid out in a way that is easy for service users to enter and get around safely
- the service's premises meet any requirements set down by law, for example, being wheelchair accessible
- your service makes sure that all areas of their healthcare premises are clean
- the setting where your healthcare is provided is secure to protect you and your belongings while receiving healthcare
- the service disposes of hazardous materials appropriately to protect your health and wellbeing.

Standard 2.8

The effectiveness of healthcare is systematically monitored, evaluated and continuously improved.

Features of a service meeting this standard are likely to include:

- 2.8.1 Use of relevant national performance indicators and benchmarks, where they exist, to monitor and evaluate the quality and safety of the care and its outcomes.
- 2.8.2 Where national metrics do not exist, the development or adoption of performance indicators and benchmarks in accordance with best available evidence to monitor and evaluate the quality and safety of the care provided and outcomes.
- 2.8.3 Use of a variety of outcome measures to evaluate the effectiveness of healthcare including:
 - clinical outcomes
 - service users' perspectives on their outcomes
 - service users' experience of care
 - feedback from healthcare professionals.
- 2.8.4 Use of information from monitoring and evaluation to improve care and to disseminate learning.
- 2.8.5 Monitoring and evaluation of performance by developing and implementing clinical and non-clinical audits and implementing improvements based on the findings.
- 2.8.6 An agreed annual plan for audit, which incorporates participation in national audit programmes, and local, targeted audits conducted in line with service requirements and priorities.
- 2.8.7 An evidence-based methodology, in line with national guidelines where they exist, is used in the conduct of audit.
- 2.8.8 Clinical governance arrangements that ensure findings from clinical audits are reported and monitored effectively.
- 2.8.9 Dissemination and public reporting of information about the quality and safety of care delivered and quality improvement programmes.
- 2.8.10 Provision of requested information to relevant agencies, including national statutory bodies, in line with relevant legislation and good practice.

What this means for you as a service user when this standard is met:

- the service you attend regularly checks how well it is doing in providing high quality safe care
- the service compares how well it is doing with other similar services in Ireland and in other countries
- the service uses the findings from these checks to identify the areas it needs to work on and makes improvements in those areas
- service users are asked to provide feedback to their healthcare service about the care they receive, so that the service can improve care for all service users
- the service provides information about its activities and outcomes to State agencies who monitor the safety of service users
- the service publicly reports on the quality and safety of its care and what it is doing to improve care.

Theme 3

Safe Care and Support



Theme 3

Safe Care and Support

Safe care and support recognises that the safety of service users is paramount. A service focused on safe care and support is continually looking for ways to be more reliable and to improve the quality and safety of the service it delivers. Although the provision of care and support has some associated element of risk of harm to service users, safe care and support identifies, prevents or minimises this unnecessary or potential harm. Should an adverse event occur where a service user is harmed, services have formal arrangements in place to respond to this event and support the service user and their family. A high quality, safe service learns from all information relevant to the provision of safe services and particularly from situations where things have gone wrong.

In a safe service, a focus on quality and safety improvement becomes part of a service-wide culture and is embedded in the service's daily practices and processes rather than being viewed or undertaken as a separate activity.

Protecting all service users, particularly children and vulnerable adults, from any form of abuse is integral to this culture. To achieve a culture of quality and safety everyone in the service has a responsibility to identify and manage risk and use evidence-based decision-making to maximise the safety outcomes for service users.

Quality and safety improvement in healthcare is underpinned by a shared understanding by all the workforce of the inherent risk which can be reduced by the manner in which services are designed and delivered. Quality and safety improvement in healthcare includes:

- the provision of optimum and effective care for service users
- proactive identification and management of all aspects of the service that may have the potential to cause harm
- active engagement in local, national and international initiatives to improve safety and minimise risk to service users

- the collection, monitoring and management of information relevant to the provision of safe services including patient-safety incidents, complaints, audits and satisfaction surveys
- promoting a supportive environment for patients, service users and staff that emphasises the importance of learning in order to improve the service for all.

Quality and safety improvements in healthcare include a patient-safety improvement programme that requires service providers to proactively identify risk and to plan, implement and evaluate necessary changes to improve the quality and safety of services.

Standard 3.1

Service providers protect service users from the risk of harm associated with the design and delivery of healthcare services.

Features of a service meeting this standard are likely to include:

- 3.1.1 Proactive monitoring, analysis and response to information relevant to the provision of safe services. This information includes:
- patient-safety incidents and other incidents involving service users and staff
 - complaints, concerns and compliments
 - findings from risk assessments
 - legal claims
 - audits
 - satisfaction surveys
 - findings and recommendations from national and international reviews and investigations
 - casemix, activity and performance data.
- 3.1.2 Proactive identification, evaluation and management of immediate and potential risks to service users and taking necessary action to eliminate or minimise these risks. The action taken is evaluated and reported through relevant governance structures.
- 3.1.3 Proactive identification, evaluation and management of risks associated with changes to the design or delivery of services.
- 3.1.4 Systematic identification of aspects of the delivery of care associated with possible increased risk of harm to service users and structured arrangements to minimise these risks. These include but are not limited to:
- prevention and control of Healthcare Associated Infections
 - medication management
 - management of blood and blood components
 - transfers of care within and between service providers
 - tissue viability management
 - management of nutritional needs

- management and use of equipment and medical devices
- falls and fracture prevention
- surgical and invasive procedures
- medical use of ionising radiation
- research and clinical trials
- healthcare records management
- patient identification.

3.1.5 Safe and effective management of medication, from procurement to disposal, in accordance with legislative requirements, national policy, national guidelines where they exist, and best available national and international evidence.

3.1.6 Safe and effective management of medical devices and other equipment in accordance with legislative requirements, national policy, national guidelines where they exist, and best available national and international evidence.

What this means for you as a service user when this standard is met:

- the service is always looking for ways to make your healthcare safer
- if you have a complaint or compliment about the healthcare you have received you will be listened to and the information you give will be used to improve the service
- the service is not just reacting when things go wrong – it is actively looking for ways to make the way it provides care safer
- the service learns from international and national information and evidence about the best ways of keeping you safe; for example, reports from the World Health Organization.

Standard 3.2

Service providers monitor and learn from information relevant to the provision of safe services and actively promote learning both internally and externally.

Features of a service meeting this standard are likely to include:

- 3.2.1 Arrangements to gather, analyse and learn from information relevant to the provision of safe services.
- 3.2.2 Use of information relevant to the provision of safe services to inform the continuous improvement of the safety of the service.
- 3.2.3 Sharing of learning from information relevant to the provision of safe services throughout the service and, where relevant, with external services.

What this means for you as a service user when this standard is met:

- your healthcare service is always looking for ways to make the services they provide safer
- if things do go wrong, the service learns from what has happened to reduce the likelihood of the same thing happening again
- the service shares anything it has learned about how to make care safer with other services.

Standard 3.3

Service providers effectively identify, manage, respond to and report on patient-safety incidents.

Features of a service meeting this standard are likely to include:

- 3.3.1 Arrangements to identify, manage, respond to and report patient-safety incidents in a timely manner in line with national legislation, policy, guidelines and guidance where these exist. These arrangements are clearly communicated to all stakeholders.
- 3.3.2 Classification of patient-safety incidents using an agreed taxonomy in line with national policy, guidelines and guidance.
- 3.3.3 Arrangements to identify patient-safety incidents through structured incident-reporting mechanisms and the surveillance of information relevant to the provision of safe services.
- 3.3.4 Reporting of patient-safety incidents in a timely manner through national reporting systems, where they exist, in line with national legislation, policy, guidelines and guidance.
- 3.3.5 Arrangements to facilitate robust, fair and effective investigations to identify the causes of patient-safety incidents and to identify necessary actions. Service users are kept informed and supported during the investigation process.
- 3.3.6 Arrangements to implement recommendations from investigations of patient-safety incidents and to monitor the effectiveness of action taken.
- 3.3.7 Evaluation of the effectiveness of the arrangements for identifying, managing, responding to and reporting on patient-safety incidents.
- 3.3.8 Induction and ongoing training for the workforce on the identification, management, response to, and reporting of patient-safety incidents.

What this means for you as a service user when this standard is met:

- although healthcare can never be completely free from risk, your healthcare service is doing all it can to stop anything going wrong with your care
- the service has plans in place to help it recognise when there is a possible risk of harm to service users. This allows service providers to respond quickly to these possible risks
- people working in the service know what to do if something goes wrong during your care
- when something does go wrong, the service looks into what happened and how it happened so it can try and prevent it from happening again.

Standard 3.4

Service providers ensure all reasonable measures are taken to protect service users from abuse.

Features of a service meeting this standard are likely to include:

- 3.4.1 Arrangements to minimise the risk to service users of all types of abuse from members of the workforce and other service users while receiving care, including:
 - physical abuse
 - psychological ill-treatment, for example bullying and harassment
 - theft
 - misuse or misappropriation of money or property
 - sexual abuse
 - discriminatory abuse
 - neglect and acts of omission which cause harm or place the service user at risk of harm.
- 3.4.2 Induction and ongoing training for the workforce on the prevention, identification, response to and management of all types of abuse of service users.
- 3.4.3 Arrangements to ensure that appropriate action is taken in line with legislation and national guidelines, where suspected abuse is identified while healthcare is being provided.
- 3.4.4 Specific arrangements to protect children and vulnerable adults from all forms of abuse while healthcare is being provided.
- 3.4.5 Structured arrangements to ensure that service users who have experienced abuse, or are suspected of having experienced abuse, are facilitated to access appropriate services, including support services.
- 3.4.6 Cooperation, in line with legislation, with all relevant services and agencies both internally and externally, to protect service users from abuse.

What this means for you as a service user when this standard is met:

- the service takes the necessary steps to protect you from different types of abuse, such as theft or physical abuse, when you are receiving healthcare
- if service users have experienced any type of abuse they will be helped, if they wish, to get in touch with support services
- any concerns of abuse that you may have will be listened to by the people who are providing your care. You will be supported and your concern will be responded to and addressed fairly and in a timely manner
- services who work with children and vulnerable adults have special arrangements to protect them from abuse
- people working in the service receive training so that they know how to support service users and protect them from abuse.

Standard 3.5

Service providers fully and openly inform and support service users as soon as possible after an adverse event affecting them has occurred, or becomes known, and continue to provide information and support as needed.

Features of a service meeting this standard are likely to include:

- 3.5.1 Promotion of a culture of quality and safety which includes open disclosure with service users, and where appropriate their families and carers, following an adverse event.
- 3.5.2 Arrangements to support service users following an adverse event. Service users are informed about and provided with information on support services, including independent patient support services, and how to access them.
- 3.5.3 Ensuring service users have the opportunity to be involved in the investigation process following an adverse event and are kept informed of progress.
- 3.5.4 Actively seeking and taking into account the needs and preferences of service users affected by an adverse event.
- 3.5.5 Fair and transparent arrangements to support and manage staff who have been involved in an adverse event. The fitness of such staff to return to work is ascertained before they return to normal duties.

What this means for you as a service user when this standard is met:

- if something goes wrong while you are receiving care, the service will be open and honest with you as soon as possible after the event has been identified
- if something goes wrong while you are receiving care, the service will investigate what happened and involve you in the investigation to make sure they understand what issues you would like addressed during this investigation
- you will be supported, if something goes wrong while you are receiving care, and you will be given information about how you can get in contact with further support services if you need them.

Standard 3.6

Service providers actively support and promote the safety of service users as part of a wider culture of quality and safety.

Features of a service meeting this standard are likely to include:

- 3.6.1 A commitment to quality and safety articulated and demonstrated by those governing and leading the service.
- 3.6.2 Clear articulation of the elements of a patient-safety culture and specific arrangements that actively promote this culture through a mission statement, service design, code of conduct, allocation of resources and training, development and evaluation processes.
- 3.6.3 Clear accountability arrangements throughout the service that ensure all members of the workforce are aware of their responsibilities and contribute to improving the quality and safety of healthcare for service users.
- 3.6.4 Facilitation of members of the workforce and service users to report concerns about the quality and safety of services and ensuring members of the workforce and service users are not negatively affected as a result of this reporting.

What this means for you as a service user when this standard is met:

- the people working in your healthcare service place a high value on quality and safety and this can be seen in the way they provide healthcare to service users
- the people working in your healthcare service are all working together to make sure that the service you receive is safe and of high quality
- service users and everyone working in the service are supported to raise concerns about the quality and safety of the service.

Standard 3.7

Service providers implement, evaluate and publicly report on a structured patient-safety improvement programme.

Features of a service meeting this standard are likely to include:

- 3.7.1 A patient-safety improvement programme as part of the arrangements the service has in place to improve the overall quality and safety of services delivered.
- 3.7.2 A patient-safety improvement programme based on assessed local needs and priorities and national and international initiatives. This programme incorporates specific evidence-based interventions that are proportionate to the context, nature and scale of the service provided.
- 3.7.3 Regular evaluation of the patient-safety improvement programme through performance indicators and benchmarks to identify both positive outcomes and areas for improvement. Any necessary actions to improve the quality and safety of the service are implemented and learning is disseminated both internally and externally.
- 3.7.4 Publicly reporting the patient-safety improvement programme's goals, the outcomes of its evaluation and the actions, if any, to be taken to ensure quality and safety of services.

What this means for you as a service user when this standard is met:

- service providers have plans in place to reduce the likelihood of harm occurring to you and other service users while receiving healthcare. These plans are regularly checked to make sure they are improving the safety of services
- service providers focus on specific areas of their service and look for ways to make them safer
- service users can expect that information about the safety of their healthcare services will be easily available to them.

Theme 4

Better Health and Wellbeing



4

Theme 4

Better Health and Wellbeing

Services providing care and support have a unique opportunity to promote and protect the health and wellbeing of the population served. A high quality, safe and reliable service constantly looks for ways and opportunities to do this.

The improvement of the health and wellbeing of service users is not the sole responsibility of service users or service providers. Rather, they work together to achieve this outcome. This enables a culture that promotes better health and wellbeing, enhances the care and support environment and improves the experience for service users.

A health service that aims to optimise and promote better health and wellbeing for its service users can support this through:

- providing services that are informed by service users' needs and preferences
- working towards improving the quality and safety of care
- protecting health and preventing illness
- using health information and best available evidence to plan initiatives and interventions that improve healthcare outcomes
- using resources efficiently to achieve best possible quality and safety outcomes for service users for the money and resources used
- working in partnership with service users and other service providers to coordinate and integrate care
- supporting service users in improving their own health and wellbeing
- identifying health needs and inequalities in their service-user population.

Standard 4.1

The health and wellbeing of service users are promoted, protected and improved.

Features of a service meeting this standard are likely to include:

- 4.1.1 Identification and use of opportunities to promote better health and wellbeing while delivering care, in partnership with service users at individual and population levels.
- 4.1.2 Development and support of an environment and culture that promotes better health and wellbeing for service users and the workforce.
- 4.1.3 Development and delivery of programmes or initiatives to protect health and promote better health and wellbeing in line with the service's objectives and in partnership with service users. These are proportionate to the context, nature and scale of services provided and take account of national policies, stakeholders' views, best available evidence, the needs of the population served and the resources available.
- 4.1.4 Identification of the health priorities and health inequalities among service users and development of initiatives to minimise these inequalities in health outcomes.
- 4.1.5 Collaboration and working in partnership with other service providers, national and voluntary agencies and non-healthcare organisations (where appropriate) to promote the health and wellbeing of service users.

What this means for you as a service user when this standard is met:

- advice, information and support is available to help you make choices for a healthier lifestyle and to improve your health and wellbeing
- opportunities are available for you to participate in programmes or initiatives to improve your health and wellbeing
- services use information about their service-user population to design appropriate health promotion initiatives
- all your health services work with each other and with national and voluntary agencies to promote better health and wellbeing for you.

Theme 5

Leadership, Governance and Management



Theme 5

Leadership, Governance and Management

Effective leadership, governance and management, in keeping with the size and complexity of the service, are fundamental prerequisites for the sustainable delivery of safe, effective person-centred care and support.

A well-governed service is clear about what it does, how it does it, and is accountable to its stakeholders. It is unambiguous about who has overall executive accountability for the quality and safety of the services delivered. In addition, formalised governance arrangements ensure that there are clear lines of accountability at individual, team and service levels so that healthcare professionals, managerial staff and everyone working in the service are aware of their responsibilities and accountability. There must be arrangements in place to plan and manage service change and transition effectively and safely.

Good governance arrangements acknowledge the inter-dependencies between organisational arrangements and clinical practice and integrate these to deliver high quality, safe and reliable care and support.

Services with robust governance structures promote transparency and responsiveness by accurately describing in a public statement of purpose, the aims and objectives of the service, the services provided, including how and where they are provided.

If a service proposes to change the services it delivers, or how it delivers them, then these changes need to be assessed and highlighted to key stakeholders before being made. The service provider's governance systems should ensure delivery of services is only within the scope of what it can do safely, effectively and sustainably.

The management arrangements in a service ensure that it fulfils its statement of purpose by planning, controlling and organising the service to achieve its outcomes in the short-, medium- and long-term. In large organisations this requires the alignment of local, regional and national accountability for planning and delivering services. Effective management also includes the deployment of the necessary resources through informed decisions and actions to facilitate the delivery of high quality, safe and reliable care and support.

Leaders and organisational arrangements support all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services they are delivering. This provides an environment in which the workforce can do the right thing or make the right decision at the right time.

Achievement of safe, high quality, care is dependent on the culture of a service. Leaders at all levels have an important role to play in strengthening and encouraging their service's culture. Individual and collective leadership builds support for this culture and inspires individuals and teams to strive and work together to achieve a common vision.

A well-governed and managed service monitors its performance to ensure reliability so that it provides care, treatment and support that is of consistently high quality with minimal variation in provision across the system. The quality and safety of services that are sourced externally are monitored through formalised agreements. Quality and safety is also assured by compliance with legislation and acting on standards, guidance and recommendations from relevant statutory bodies.

Standard 5.1

Service providers have clear accountability arrangements to achieve the delivery of high quality, safe and reliable healthcare.

Features of a service meeting this standard are likely to include:

- 5.1.1 An identified individual whose role includes:
 - having overall executive accountability, responsibility and authority for the delivery of high quality, safe and reliable services
 - leading a governance system that clearly specifies, delegates and integrates corporate and clinical governance
 - formally reporting on the quality and safety of the service through its relevant governance structures.
- 5.1.2 When a service is located on more than one site, the identified individual delegates accountability and responsibility for quality and safety of services to an identified person who is involved in the management and delivery of the service and who is at an appropriate level within the governance structure.

What this means for you as a service user when this standard is met:

- you can expect that there is an identified person who has overall responsibility for the quality and safety of the service you are attending
- you can expect that everyone working in the service has a clear understanding of who they report to within the service.

Standard 5.2

Service providers have formalised governance arrangements for assuring the delivery of high quality, safe and reliable healthcare.

Features of a service meeting this standard are likely to include:

- 5.2.1 Integrated corporate and clinical governance arrangements, which clearly define roles, accountability and responsibilities throughout the service for assuring quality and safety. These governance arrangements are made publicly available.
- 5.2.2 Governance arrangements that ensure the primary focus of the service is on quality and safety outcomes for service users. These arrangements include regular review of information relating to quality and safety outcomes for service users.
- 5.2.3 Governance arrangements that ensure the collective interests of service users are taken into consideration when decisions are made about the planning, design and delivery of services.
- 5.2.4 Arrangements that ensure that the people involved in the governance of the service have the skills and competencies necessary to provide effective assurance of high quality, safe and reliable healthcare.
- 5.2.5 Public reporting by those governing the service on the quality and safety of care.

What this means for you as a service user when this standard is met:

- service users can expect that the people in charge of the service make sure that service users receive safe and high quality care
- when decisions are being made about the way the service is delivered the views of service users are sought and considered
- you can expect that the person who has overall responsibility for the service is suitably qualified and has the appropriate experience for this job
- service users know about the quality and safety of their local service because this information is made publicly available in a number of different ways
- the name of the person with overall responsibility and accountability for the service is easily available to you.

Standard 5.3

Service providers maintain a publicly available statement of purpose that accurately describes the services provided, including how and where they are provided.

Features of a service meeting this standard are likely to include:

- 5.3.1 A statement of purpose for the service that details:
 - aims and objectives of the service including how resources are aligned to deliver these objectives
 - description of services provided
 - intended service-user population
 - models of service delivery and aligned resources necessary to deliver high quality, safe and reliable healthcare
 - location or locations of service delivery.
- 5.3.2 A statement of purpose which is publicly available and communicated to all stakeholders, including service users, in an accessible format.
- 5.3.3 Evaluation of proposed service changes to ensure the statement of purpose reflects what can be delivered safely, sustainably and within available resources.
- 5.3.4 Notification of, and consultation with, relevant stakeholders regarding any proposed changes to the statement of purpose that affect the function or purpose of the services. This notification is provided in a timely manner that allows stakeholders appropriate time to respond to proposed changes. Any necessary approval is sought before changes to the statement of purpose are made.
- 5.3.5 Governance arrangements that incorporate review and evaluation to provide assurance that services are being delivered within the scope of the statement of purpose.

What this means for you as a service user when this standard is met:

- the service only provides the care, treatment and support that it knows it can deliver effectively and safely
- service users can easily find information about health services, including the different types of services provided and where they are provided
- information is made available to service users in a timely manner by service providers about any possible changes to the services they currently deliver.

Standard 5.4

Service providers set clear objectives and develop a clear plan for delivering high quality, safe and reliable healthcare services.

Features of a service meeting this standard are likely to include:

- 5.4.1 Plans that set clear direction for delivering quality and safety in the short-, medium- and long-term.
- 5.4.2 Service objectives and plans that take account of:
 - national strategies, policies and standards
 - views of stakeholders
 - the needs of the population served
 - best available evidence
 - legislation
 - resources available
 - information relevant to the provision of safe services.
- 5.4.3 Routine representation of the collective interests of service users and consideration of these in decisions about the planning of services. Service users are kept informed of key decisions in the planning of services.
- 5.4.4 Monitoring the performance of the service against service objectives, benchmarking and managing and reporting on this performance through the relevant governance structures.

What this means for you as a service user when this standard is met:

- your healthcare provider has clear plans that set out how it will deliver its service. Service users can easily access these plans if they would like to read them
- your service has clear plans which set out how it will meet different needs of specific groups in your community such as older people, children or people with disabilities
- the people who plan and deliver your local health service make a point of finding out what is important to service users and use this information to improve their plans
- the people who plan and deliver your local health service regularly look at the service they are providing to make sure they are doing it well.

Standard 5.5

Service providers have effective management arrangements to support and promote the delivery of high quality, safe and reliable healthcare services.

Features of a service meeting this standard are likely to include:

- 5.5.1 Management arrangements to effectively and efficiently achieve planned objectives. This includes reviewing and identifying gaps in these management arrangements and taking action to address these gaps. These management arrangements may include (but are not limited to):
- workforce management
 - communication management
 - information management
 - risk management
 - patient-safety improvement
 - service design, improvement and innovation
 - environment and physical infrastructure management
 - financial and resource management.
- 5.5.2 Management arrangements, structures and mechanisms which involve all levels of the service to achieve its planned objectives for quality and safety.
- 5.5.3 Arrangements to manage increases or decreases in service demand that ensure the quality and safety of healthcare delivered to service users.
- 5.5.4 Arrangements to plan and manage service change and transition effectively including:
- identification of an accountable person responsible for leading and managing the change process
 - setting clear objectives for the service change and transition
 - prior assessment of service interdependencies at local, regional and national levels where relevant
 - modelling of demand and capacity through estimating current and future requirements

- assessment of staffing implications and determination of staffing requirements
- consideration of impact on stakeholders
- implementation of communication and engagement strategies
- development and monitoring of performance indicators relevant to change and service transition.

What this means for you as a service user when this standard is met:

- the people managing your healthcare service make sure that the right staff are in place to make your care safer and better
- the service manages its finances and premises to ensure it delivers the best possible care for service users
- your healthcare service has plans in place to deal with any increases or decreases in demand for the service
- the views of service users are taken into account when healthcare services are considering changing the services they provide
- the service ensures that you continue to receive safe high quality care in the course of any changes to the service.

Standard 5.6

Leaders at all levels promote and strengthen a culture of quality and safety throughout the service.

Features of a service meeting this standard are likely to include:

- 5.6.1 Active promotion and strengthening of a culture of quality and safety through the mission statement, service design, code of governance (which includes a code of conduct and management of conflict of interest), allocation of resources and training, development and evaluation processes.
- 5.6.2 Demonstration of a clear commitment by leaders at all levels to promote and strengthen a culture of quality and safety.
- 5.6.3 Facilitation of leaders at all levels in maintaining and improving the skills, knowledge and competencies to fulfil their roles and responsibilities in delivering high quality and safe care.
- 5.6.4 Regular review and identification of areas for improvement in the culture of the service, which incorporates feedback from service users and the workforce.

What this means for you as a service user when this standard is met:

- your healthcare service supports a culture which aims to improve the quality and safety of care that you receive
- your healthcare service is continually looking at how it can provide a better and safer service to you
- the service helps members of its workforce to develop their leadership skills to promote the delivery of a safe, high quality service
- service users' feedback is used to provide an insight into the culture of the service as it is experienced by those who use it.

Standard 5.7

Members of the workforce at all levels are enabled to exercise their personal and professional responsibility for the quality and safety of services provided.

Features of a service meeting this standard are likely to include:

- 5.7.1 Teams and individuals who are supported and managed to effectively exercise their personal, professional and collective responsibility for the provision of high quality, safe and reliable healthcare.
- 5.7.2 Promotion of a culture of openness and accountability throughout the service, so that the workforce can exercise their personal, professional and collective responsibility to report in good faith any concerns that they have in relation to the safety and quality of the service. Individuals reporting these concerns are not negatively affected as a result.
- 5.7.3 Facilitation of members of the workforce who wish to make protected disclosures about the quality and safety of the service in line with legislative requirements.

What this means for you as a service user when this standard is met:

- service users receive safe, high quality care and treatment because everyone working in the health service has a clear understanding of what their job involves and when to seek support and advice
- everyone working in the service is supported to raise concerns about the quality and safety of the service.

Standard 5.8

Service providers have systematic monitoring arrangements for identifying and acting on opportunities to continually improve the quality, safety and reliability of healthcare services.

Features of a service meeting this standard are likely to include:

- 5.8.1 The proactive identification, management, reduction and elimination of risks, including clinical, financial and viability risks to safeguard service users.
- 5.8.2 Proactive identification, documentation, monitoring and analysis of patient-safety incidents. Learning from these incidents is communicated internally and externally and used to improve the quality and safety of the service.
- 5.8.3 The use of information from monitoring of performance to improve the quality and safety of the service.
- 5.8.4 Use and dissemination of service-user feedback, compliments and complaints to promote learning throughout the service.
- 5.8.5 Development, implementation and continuous evaluation of programmes to actively improve the quality and safety of the services.
- 5.8.6 Participation in national quality and safety improvement programmes, where relevant.
- 5.8.7 Proactive approach to learning from findings and recommendations from national and international reviews and investigations.
- 5.8.8 Supporting and promoting effective communication with service users, patient support groups, external agencies and other service providers.

What this means for you as a service user when this standard is met:

- service providers are constantly looking for ways to improve the service they provide to service users
- service users' comments and complaints are listened to and acted on in a timely manner
- if something has gone wrong with the care you received, the service will make changes to reduce the risk of the same thing happening again, as well as supporting you and keeping you informed
- service providers learn from findings of reviews and investigations of other services to improve their service.

Standard 5.9

The quality and safety of services provided on behalf of healthcare service providers are monitored through formalised agreements.

Features of a service meeting this standard are likely to include:

- 5.9.1 Formalised agreements are in place for the provision and quality of services sourced externally. The contracts of agreement include the scope of service provided, resources required and the quality assurance and governance arrangements for the quality and safety of services delivered including compliance with relevant standards.
- 5.9.2 Regular monitoring of the formalised arrangements in place with external recruitment agencies to assure the service they provide is compliant with relevant standards. These arrangements include the agency's role, responsibility and area of accountability in the recruitment process.

What this means for you as a service user when this standard is met:

- your service regularly checks to make sure that any services provided on its behalf are safe and of high quality
- if the service uses an external recruitment agency to take on staff, you can be assured that these staff are suitable people to care for you.

Standard 5.10

The conduct and provision of healthcare services are compliant with relevant Irish and European legislation.

Features of a service meeting this standard are likely to include:

- 5.10.1 Regular reviews of Irish and European legislation to determine what is relevant for the service.
- 5.10.2 A clearly documented risk assessment of any identified gap in compliance with legislation and appropriate, timely, action taken to achieve compliance to ensure the quality and safety of the services.

What this means for you as a service user when this standard is met:

- you can be confident that the healthcare service you attend is aware of all the relevant Irish and European law it has to follow
- if new laws are put in place, your healthcare service meets the requirements of this legislation as soon as possible.

Standard 5.11

Service providers act on standards and alerts, and take into account recommendations and guidance, as formally issued by relevant regulatory bodies as they apply to their service.

Features of a service meeting this standard are likely to include:

- 5.11.1 Regular reviews of standards, guidance, alerts and recommendations formally issued by regulatory bodies in order to determine what is relevant to the services they provide, and taking action to address any identified gaps.
- 5.11.2 Prompt action on recommendations made by regulatory bodies relating to the quality and safety of their service, including recommendations made following an investigation into the service.

What this means for you as a service user when this standard is met:

- your service acts on any standards that are produced by regulatory bodies, such as the Health Information and Quality Authority, that are relevant to its service
- your service works to improve the quality and safety of its service by taking into account any recommendations and guidance that apply to its service, which are issued by regulatory bodies
- if alerts about medicines or equipment are issued by a regulatory body, your service will take any necessary action to ensure the safety of service users.

Theme 6 Workforce



Theme 6

Workforce

The workforce providing a health and social care service consists of all the people who work in, for, or with the service provider and they are all integral to the delivery of a high quality, person-centred and safe service. Service providers must be able to assure the public, service users and their workforce that everyone working in the service is contributing to a high quality safe service.

When a service sets its objectives for the delivery of sustainable high quality, safe care and support, it must determine the workforce requirements to deliver on these objectives. The individual members of a workforce must be skilled and competent and the workforce as a whole must be planned, configured and managed to achieve these objectives.

The workforce has a key role in delivering a high quality safe service and they should be supported in doing this. Effective recruitment and workforce planning ensures that the members of the workforce have the necessary competencies to undertake their role and other requirements, including Garda Síochána checks. The people working in services providing care and support need supervision and feedback to ensure they are doing a good job and that they are getting the right training and support to deliver a high quality, safe and reliable service.

Supporting the workforce includes service providers providing a safe physical environment, protecting them from the risk of bullying and harassment and listening and responding to their views. As aspects of healthcare provision change and develop over time, the workforce needs to be supported to continuously update and maintain their knowledge and skills, whether they are directly employed or in a contractual arrangement.

Standard 6.1

Service providers plan, organise and manage their workforce to achieve the service objectives for high quality, safe and reliable healthcare.

Features of a service meeting this standard are likely to include:

- 6.1.1 Planning, organisation and management of the workforce to take account of the:
 - assessed needs of the population served
 - national and international best available evidence regarding the model of service or type of service being provided
 - size, complexity and specialties of the service being provided
 - number of staff required to deliver the service
 - skill mix and competencies required to deliver the service
 - resources available
 - changes in the workload
 - relevant legislation and government policy.
- 6.1.2 Managing the workforce to respond in a timely manner to changes in workload or resources available to ensure the delivery of high quality safe service.
- 6.1.3 Workforce planning, including succession planning, to deliver a high quality, safe, and sustainable service.
- 6.1.4 Organisation of the workforce to deliver healthcare according to a model of delivery that is based on best available evidence. Where the selected model includes multidisciplinary teams, the workforce is organised and managed to work in such teams.
- 6.1.5 Regular review and evaluation of the management of the workforce, and the service's response to changes in workload and resources available, to ensure the delivery of a high quality safe service.

What this means for you as a service user when this standard is met:

- service users can expect that the people caring for them have the necessary qualifications, skills and experience to provide safe high quality care
- service providers plan and organise their services to ensure there are enough staff with the necessary qualifications, skills and experience to deliver safe high quality care for service users at all times
- appropriately trained and skilled people are available to provide necessary services if there is an increase in demand on the service, such as a major disaster or emergency.

Standard 6.2

Service providers recruit people with the required competencies to provide high quality, safe and reliable healthcare.

Features of a service meeting this standard are likely to include:

- 6.2.1 Selection and recruitment of the workforce in accordance with relevant Irish and European legislation and informed by evidence-based human resource practices.
- 6.2.2 Recruitment of people, including those on temporary and locum contracts, who have the required experience, registration (where relevant), credentials and competencies (including communication skills), to deliver high quality, safe care.
- 6.2.3 Monitoring and evaluation of the effectiveness of recruitment processes and arrangements to address any gaps identified.
- 6.2.4 Recruitment and selection arrangements that incorporate all reasonable measures to protect service users from harm.

What this means for you as a service user when this standard is met:

- your service makes sure that it recruits people with the necessary qualifications, skills, abilities and experience to provide safe care
- your service makes sure that, where it is necessary, healthcare professionals are registered with their professional body. For example, all doctors are registered with the Medical Council and all nurses and midwives are registered with An Bord Altranais
- services protect service users by asking the Garda Vetting Unit to formally check the backgrounds of people they recruit.

Standard 6.3

Service providers ensure their workforce have the competencies required to deliver high quality, safe and reliable healthcare.

Features of a service meeting this standard are likely to include:

- 6.3.1 A formal mandatory induction programme for the workforce which includes a focus on communication and safety of service users.
- 6.3.2 Facilitation of each member of the workforce in maintaining and developing their competencies to fulfil their roles and responsibilities in delivering high quality and safe care.
- 6.3.3 Facilitation of members of the workforce to maintain necessary competencies to meet their relevant professional registration requirements.
- 6.3.4 Regular reviews of the development needs of the workforce to deliver high quality and safe care and taking action to address any identified gaps.
- 6.3.5 A training, educational and development programme with a specific focus on patient safety, communication and person-centred care, which has clear objectives and which is tailored to specific members of the workforce to develop competencies in order to ensure the delivery of high quality safe care.
- 6.3.6 Supervision, monitoring and review of the provision of care to ensure all members of the workforce work within their competencies.
- 6.3.7 Facilitation of members of the workforce to seek support or advice, including advice from decision makers and senior team members, to deliver high quality, safe healthcare.
- 6.3.8 A workforce with the competencies to work effectively in teams to deliver safe and integrated care within and between services.
- 6.3.9 Adherence to the code of conduct for the service by each member of the workforce. Members of the workforce are facilitated to adhere to any other relevant professional codes.

What this means for you as a service user when this standard is met:

- you can expect that everybody providing your healthcare regularly receives the necessary training to keep their skills and knowledge up to date
- your service makes sure that the healthcare professionals working within its service only provide care that they have the required skills, knowledge and expertise to provide
- your service ensures all new staff receive induction training to make your care safer or better
- everybody working in a service knows how to get support and advice when they need it so they can deliver a high quality safe service.

Standard 6.4

Service providers support their workforce in delivering high quality, safe and reliable healthcare.

Features of a service meeting this standard are likely to include:

- 6.4.1 Support for and promotion of a culture that values, respects, actively listens to and responds to the views and feedback from all members of the workforce.
- 6.4.2 Provision of clear descriptions to the workforce of their roles, responsibilities and lines of accountability.
- 6.4.3 A working environment that, in line with relevant legislation and national policy, supports and protects the workforce in delivering high quality, safe care.
- 6.4.4 Measures to protect the workforce by minimising the risk of violence, bullying and harassment by other members of the workforce or people using the services.
- 6.4.5 Monitoring, management and development of the performance of the workforce, at individual and team level, including the evaluation of service users' feedback and taking action to address identified areas for improvement.
- 6.4.6 Clear and transparent procedures for the effective management of under-performance.
- 6.4.7 Procedures to inform the relevant professional body, where it is considered that the behaviour, conduct, practice, performance or health of a healthcare professional is not what would be expected of such a healthcare professional.
- 6.4.8 Fair and transparent arrangements to support and manage a member of the workforce if a complaint or a concern has been expressed about them.
- 6.4.9 Promotion of a culture of openness and accountability throughout the service, and arrangements, in line with legislation, to allow the workforce to report in good faith any concerns that they have in relation to the safety and quality of the service.

- 6.4.10 Support for and facilitation of the workforce to identify and propose areas for improvement in the delivery of healthcare reflecting best available evidence.
- 6.4.11 Regular evaluation and response to feedback about the workforce from service users and members of the workforce.

What this means for you as a service user when this standard is met:

- the service asks service users how they were treated by staff in the service and uses this information to improve all service users' experience
- the people looking after you have clear job descriptions and understand what their role is in providing your care
- the service listens to the views and the feedback of the workforce and uses this to make your care safer and better
- the people who work in the service are supported by those in charge of the service to provide a high quality, safe service
- if a service provider is concerned about the work of any healthcare professional in their service they take the necessary actions to protect service users.

Theme 7

Use of Resources



Theme 7

Use of Resources

How a service uses the resources available to it impacts on the quality and safety of the care and support it provides, both now and in the future. These resources include human, physical, financial and natural resources. In many communities, health and social care services are among the largest employers, purchasers and users of goods and services, consumers of natural resources and producers of waste. In most countries, the demand for resources to provide care and support is increasing, driven by changes such as ageing populations and advances in medical science and technology.

Safe, high quality care and support is intrinsically linked to how resources are used including how they are planned, managed and delivered. Whether services are publicly or privately funded, their resources are finite. Therefore, the effective, responsible stewardship of resources, including decisions on how they are allocated, is a fundamental factor in delivering high quality, safe and reliable care and support.

The way resources are used affects the quality, safety and sustainability of services. The decisions and choices made by those responsible for resources must be informed and accountable. A well-run service knows how it is using resources, and, as new evidence and technologies emerge, continuously seeks opportunities to provide better care with equal or fewer resources. At times, it may be possible to provide the same treatment for lower cost, or to provide a different, less costly, treatment that produces equally good or better outcomes. In effectively using its resources a service needs to be able to access up-to-date evidence about cost-effectiveness to inform its resource decisions.

The service must maintain the quality of the care it provides while striving for greater efficiency or managing fewer resources. Decisions about the deployment of resources must take account of the needs of all parts of the service. For publicly-funded services, the way such decisions are made must be transparent and understandable to service users, the public and the workforce.

Standard 7.1

Service providers plan and manage the use of resources to deliver high quality, safe and reliable healthcare efficiently and sustainably.

Features of a service meeting this standard are likely to include:

- 7.1.1 Clear plans that take account of the funding and resources required to ensure viability of the service.
- 7.1.2 Allocation of available resources to achieve quality and safety outcomes for service users sustainably.
- 7.1.3 Consultation with key stakeholders including service users, policy makers and their workforce regarding the allocation of resources to achieve the best quality and safety outcomes for service users.
- 7.1.4 Arrangements to manage financial performance and evaluate its impact on the quality and safety of services, in particular any deterioration in performance.
- 7.1.5 Resource decisions that are informed by:
 - explicit consideration of the quality, safety and ethical implications of such decisions
 - risk assessment of the decisions
 - best available evidence
 - clinical and service users' views.
- 7.1.6 Management and future planning of physical assets, based on analysis of what is needed to deliver the service's objectives for quality and safety.
- 7.1.7 Transparent reporting on financial performance in line with legislation and national policy.
- 7.1.8 Transparent and effective decision-making arrangements when planning and managing the use of resources in services that receive public funding.
- 7.1.9 Management of natural resources, hazardous materials and waste so that the service's impact on the environment is minimised.

What this means for you as a service user when this standard is met:

- you can be confident that the healthcare service is making the best use of its available resources, including the people who work in the service, when caring for you
- the decisions on how services use their money are informed by their service users' views
- the service caring for you uses natural resources, such as water and electricity, efficiently and reduces harm to your environment.

Standard 7.2

Service providers have arrangements in place to achieve best possible quality and safety outcomes for service users for the money and resources used.

Features of a service meeting this standard are likely to include:

- 7.2.1 Planning, design, development, maintenance and use of the service's resources to achieve best possible quality and safety outcomes for service users.
- 7.2.2 Regular evaluation and management of the efficiency and cost-effectiveness of services and technologies. This evaluation and management uses best available evidence to maximise quality and safety and to inform investment and disinvestment decisions.
- 7.2.3 Promotion of awareness within their workforce of the resource consequences of service delivery and active promotion of individual and collective responsibility and accountability for resource management.
- 7.2.4 Procurement of external goods and services that achieves the best possible quality and safety outcomes for service users for the money and resources used.

What this means for you as a service user when this standard is met:

- your healthcare service regularly checks that it is using the resources it has available to get the best possible results for their service users
- all people working within your healthcare service know how much it costs to deliver healthcare and use the resources responsibly
- the service gets best value for money when buying new goods or services.

Theme 8

Use of Information





Theme 8

Use of Information

Quality information is an important resource for service providers in planning, managing, delivering and monitoring high quality safe services. Quality information is accurate, valid, reliable, timely, relevant, legible and complete.

There are multiple sources of information including national and international evidence, healthcare records, audit findings, and service-user feedback. To effectively use information service providers have systems, including information and communications technology, to ensure the collection and reporting of high quality information within the context of effective arrangements for information governance.

Information governance provides a framework to bring together all the legislation, guidance and best available evidence that applies to the handling of information. It provides a consistent way for the workforce to deal with the many different legislative provisions, guidelines and professional codes of conduct that apply to handling information.

An information governance framework enables services and individuals to ensure all information including personal information is handled securely, efficiently, effectively and in line with legislation. This supports the delivery of person-centred, safe, high quality healthcare and helps ensure that when sharing information across services, service providers protect and manage personal information in a sensitive and responsible manner.

A service user's personal healthcare information informs all aspects of their care including assessment, diagnosis, treatment options and prognosis. It is essential that personal health information is treated in a confidential manner and that service providers put in place arrangements to ensure this. The ability to identify an individual uniquely is important for safe effective care and therefore, service providers should have arrangements in place to uniquely identify each of their service users.

Standard 8.1

Service providers use information as a resource in planning, delivering, managing and improving the quality, safety and reliability of healthcare.

Features of a service meeting this standard are likely to include:

- 8.1.1 Identification and collection of information on the current and anticipated needs of the service and the population served to support effective decision-making. The service uses this information to plan, design, manage and deliver services.
- 8.1.2 Arrangements, including information and communication technologies systems, to collect and manage accessible high quality information to support effective decision-making.
- 8.1.3 Use of high quality information to support and inform decision-making in relation to the use of human, physical, natural and financial resources.
- 8.1.4 Arrangements to ensure that healthcare professionals have access to high quality information including best available evidence to support and inform effective clinical decision-making.
- 8.1.5 Strategic plans that take into consideration the current and future needs of the service in relation to information systems.
- 8.1.6 Arrangements to evaluate and manage the quality and safety of services provided using relevant quality information including key performance indicators.
- 8.1.7 Evaluation of the effectiveness of the arrangements for the collection, and management of information. The service takes steps to address any identified areas for improvement.
- 8.1.8 Arrangements to ensure necessary information is shared in a timely manner within and between services, in line with legislation, based on best available evidence, national standards and guidance where available.
- 8.1.9 Information systems, whether electronic or paper-based, which are integrated and interface with other systems to support the delivery of high quality safe healthcare.

What this means for you as a service user when this standard is met:

- healthcare professionals will have access to, and use, good quality information when making decisions with you about your healthcare
- you can expect that necessary information is shared in a timely manner, while respecting your privacy, between healthcare professionals involved in providing your healthcare
- your healthcare information is available to all relevant healthcare professionals looking after you so that you do not have to repeat your medical history
- the service uses relevant quality information to continuously check the quality and safety of the care provided to you
- the service learns from the information it collects to improve the quality of your care.

Standard 8.2

Service providers have effective arrangements in place for information governance

Features of a service meeting this standard are likely to include:

- 8.2.1 Arrangements for information governance to ensure that the service complies with legislation, uses information ethically and uses best available evidence, including national guidance if available, to protect service users' information.
- 8.2.2 Training in information governance for all members of the workforce in accordance with their specific need and their level of access to personal health information that facilitates them fulfilling their roles and responsibilities for information governance.
- 8.2.3 Effective arrangements to ensure that healthcare information, both in paper and electronic formats, is of a high quality.
- 8.2.4 Evaluation, validation and reporting on the quality of information to support the provision of safe high quality healthcare.
- 8.2.5 Compliance of all data collected, analysed, used and shared with national standards, guidance or nationally agreed definitions, where they exist, to enable the comparability and sharing of information.
- 8.2.6 Arrangements for sharing information within and between service providers that protect the security, privacy and confidentiality of personal health information.
- 8.2.7 The use of service-user information, both to support the provision of safe and effective care and for secondary purposes, in line with legislation and recognised evidence-based guidance.
- 8.2.8 Security of healthcare information, in both paper and electronic formats, from unauthorised access.
- 8.2.9 Arrangements to facilitate service users to access a copy of their personal health information in line with legislation.

What this means for you as a service user when this standard is met:

- your information is only shared with others that are involved in your healthcare when this is relevant and with your permission
- you can expect that your rights to privacy and confidentiality are respected when your information is being shared
- your personal information will not be used for other purposes, such as research, without your permission
- personal information about you is kept safe and secure
- you can request to receive a copy of any information held about you by your healthcare service.

Standard 8.3

Service providers have effective arrangements for the management of healthcare records.

Features of a service meeting this standard are likely to include:

- 8.3.1 Arrangements that ensure that service users and their records are identified uniquely to avoid duplication and misidentification.
- 8.3.2 Management of healthcare records that is in line with legislation and uses best available evidence, national health information standards and guidance, and nationally agreed definitions, where these exist.
- 8.3.3 Evaluation of the effectiveness of the service's healthcare record management practices and systems, and, where appropriate, taking action to address areas for improvement.
- 8.3.4 Arrangements that are in line with legislation, best available evidence and national guidance, if available, for the creation, use, storage and disposal of personal health information.
- 8.3.5 Compliance with health information technical standards, where they exist, to facilitate the interoperability of systems and sharing of information.

What this means for you as a service user when this standard is met:

- you can expect that people working in your healthcare service will record information about you accurately
- you can expect that your healthcare service will keep your healthcare records safe and up to date
- you can expect that results of your healthcare tests will be accessible and available in a timely manner to support all decisions about your healthcare.

Glossary of Terms and Resources

Glossary of Terms

This glossary details key terms and a description of their meaning within the context of this document.

Abuse: A single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to a person or violates their human or civil rights.

Accountability: Being answerable to another person or organisation for decisions, behaviour and any consequences.

Adverse event: An incident that results in harm to a patient.

Advocacy: The practice of an individual acting independently of the service provider, on behalf of, and in the interests of a service user, who may feel unable to represent themselves.

Audit: The assessment of performance against any standards and criteria (clinical and non-clinical) in a health or social care service.

Autonomy: Freedom to determine one's own actions and behaviour.

Benchmarking: A continuous process of measuring and comparing care and services with similar service providers.

Best available evidence: The consistent and systematic identification, analysis and selection of data and information to evaluate options and make decisions in relation to a specific question.

Care bundles: A number of related evidence-based interventions, which when followed consistently for every patient each time care is delivered, result in improved patient outcomes.

Casemix: The types of patients and complexity of their condition treated within a healthcare service, including diagnosis, treatments given and resources required for care.

Care pathway: A multidisciplinary care plan that outlines the main clinical interventions undertaken by different healthcare professionals in the care of service users with a specific condition or set of symptoms.

Clinical audit: A quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change.

Clinical governance: A system through which service providers are accountable for continuously improving the quality of their clinical practice and safeguarding high

standards of care by creating an environment in which excellence in clinical care will flourish. This includes mechanisms for monitoring clinical quality and safety through structured programmes, for example, clinical audit.

Clinical guidelines: Systematically developed statements to assist healthcare professionals' and service users' decisions about appropriate healthcare for specific circumstances.

Code of conduct: A description of the values, principles and expected behaviours of individuals and teams working within a service.

Code of governance: A description of the roles and responsibilities of those governing the service including an oversight role with clear lines of accountability in respect of safety and quality of health services provided.

Competence: The knowledge, skills, abilities, behaviours and expertise sufficient to be able to perform a particular task and activity.

Complaint: An expression of dissatisfaction with any aspect of service provision.

Concern: A safety or quality issue regarding any aspect of service provision, raised by a service user, service provider, member of the workforce or general public.

Confidentiality: The right of individuals to keep information about themselves from being disclosed.

Contract of agreement: Document which explicitly describes the nature of the service being provided to the service provider by an external agency.

Corporate governance: The system by which services direct and control their functions in order to achieve organisational objectives, manage their business processes, meet required standards of accountability, integrity and propriety and relate to external stakeholders.

Cost effectiveness: The point at which the minimum amount of input (such as finance, human resources) is used to achieve a defined health outcome.

Credentials: Evidence or proof of an individual's qualification, competence or authority.

Culture: The shared attitudes, beliefs and values that define a group or groups of people and shape and influence perceptions and behaviours.

Dignity: The right to be treated with respect, courtesy and consideration.

Effective: A measure of the extent to which a specific intervention, procedure, treatment, or service, when delivered, does what it is intended to do for a specified population.

Efficient: Use of resources to achieve optimal results with minimal waste.

End-of-life care: Care in relation to all aspects of end-of-life, dying, death and bereavement, regardless of the service user's age or diagnosis or whether death is anticipated or unexpected. It includes care for those with advanced, progressive, incurable illness. Aspects of end-of-life care may include management of pain and other symptoms and provision of psychological, social, and other supports.

Episode of care: A period of care for a specific medical problem or condition. It may be continuous or it may consist of a series of intervals marked by one or more brief separations. An episode of care is initiated with an initial assessment and acceptance by the organisation and is usually completed with discharge or appropriate referral.

Evaluation: A formal process to determine the extent to which the planned or desired outcomes of an intervention are achieved.

Evidence: Data and information used to make decisions. Evidence can be derived from research, experiential learning, indicator data and evaluations.

Evidence-based healthcare: The practice of consistently using current best available evidence in making decisions about the care of individual service users or the delivery of health services.

Evidence-based practice: The practice of using current best available clinical evidence and individual clinical expertise or judgment to make decisions about the care of individual service users.

General practitioner (GP): A doctor who has completed a recognised training programme in general practice and provides personal and continuing care to individuals and to families in the community.

Governance: In healthcare, an integration of corporate and clinical governance; the systems, processes and behaviours by which services lead, direct and control their functions in order to achieve their objectives, including the quality and safety of services for service users. See also **Clinical governance** and **Corporate governance** above.

Harm: Impairment of structure or function of the body and/or any detrimental effect arising from this, including disease, injury, suffering, disability and death and may be physical, social or psychological.

Health: The state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity.

Health information technical standards: Standards that support interoperability between systems and meaningful sharing of data.

Healthcare Associated Infections: Infections that are acquired as a result of healthcare interventions.

Healthcare: Services received by individuals or communities to promote, maintain, monitor or restore health.

Healthcare professional: A person who exercises skill or judgment in diagnosing, treating or caring for service users, preserving or improving the health of service users.

Healthcare record: All information in both paper and electronic formats relating to the care of a service user.

Information governance: The arrangements that service providers have in place to manage information to support their immediate and future regulatory, legal, risk, environmental and operational requirements.

Informed consent: Voluntary authorisation by a service user with full comprehension of the risks and benefits involved for any medical treatment or intervention, provision of personal care, participation in research projects and provision of the service user's personalised information to a third party.

Integrated care: Healthcare services working together, both internally and externally, to ensure service users receive continuous and coordinated care.

Ionising radiation: Radiation having sufficient energy to remove electrons from the orbit of an atom, making the atom charged or 'ionised'. Ionising radiation is used in, for example, X-rays and radiotherapy to treat cancer.

Key performance indicator (KPI): Specific and measurable elements of practice that can be used to assess quality and safety of care.

Licensing: The mandatory process by which a governmental authority grants permission to a healthcare organisation to operate.

Locum: A healthcare professional, with the required competencies, who is employed to temporarily cover the duties of another healthcare professional who is on leave.

Medical device: Any product, except medicines, used in healthcare for the diagnosis, prevention, monitoring or treatment of illness or disability.

Medication management: The clinical, cost effective and safe use of medicines to ensure that service users get the maximum benefit from the medicines they need, while at the same time minimising potential harm.

Model of service: The way a health service is delivered and can be applied to a single service unit, to an organisation or a national service.

Monitoring: Systematic process of gathering information and tracking change over time. Monitoring provides a verification of progress towards achievement of objectives and goals.

Multidisciplinary: An approach to the planning of treatment and the delivery of care for a service user by a team of healthcare professionals who work together to provide integrated care.

National Clinical Guidelines: A suite of guidelines that meet specific quality assurance criteria and have been mandated by the designated national body – National Clinical Effectiveness Committee.

Needs assessment: Systematic identification of the needs of an individual or population to determine the appropriate level of care or services required.

Nominated advocate: A person nominated and trusted by an individual to speak or act on their behalf. An advocate respects the individual they speak or act on behalf of and their wishes at all times, acts in the best interests of that individual, acts independently on behalf of that individual and protects their privacy.

Open disclosure: A comprehensive and clear discussion of an incident that resulted or may have resulted in harm to a service user while receiving healthcare. Open disclosure is an ongoing communication process with service users and their families or carers following an adverse event.

Patient-safety incident: An event or circumstance which could have resulted, or did result, in unnecessary harm to a patient. Patient-safety incidents include an incident which reached the patient and caused harm (adverse event); an incident which did not reach the patient (near miss) and an incident which reached the patient, but resulted in no discernable harm to the patient (no harm event).

Patient-Safety Improvement Programme: A number of related projects and initiatives with a collective aim of minimising harm and improving outcomes for service users.

Policy: A written operational statement of intent which helps staff make appropriate decisions and take actions, consistent with the aims of the service provider, and in the best interests of service users.

Protected disclosure: Any communication made in good faith that discloses or demonstrates an intention to disclose information that may provide evidence of improper conduct which poses a significant risk to public health or safety.

Primary care: An approach to care that includes a range of services designed to keep people well. These services range from promotion of health and screening for disease, to assessment, diagnosis, treatment and rehabilitation as well as personal social services.

Quality information: Data that has been processed or analysed to produce something useful and is accurate, valid, reliable, timely, relevant, legible and complete.

Regulation: A sustained and focused control exercised by a public agency over activities that are valued by a community.

Reliable healthcare: A reliable health service consistently performs its intended function in the required time under normal circumstances.

Risk: The likelihood of an adverse event or outcome.

Risk management: The systematic identification, evaluation and management of risk. It is a continuous process with the aim of reducing risk to an organisation and individuals.

Service provider: Any person, organisation, or part of an organisation delivering healthcare services, as described in the Health Act 2007 section 8(1)(b)(i)–(ii).

Service user: The term service user includes: people who use healthcare services (this does not include service providers who use other services on behalf of their patients and service users, such as GPs commissioning hospital laboratory services); parents, guardians, carers and family, nominated advocates and potential users of healthcare services. The term service user is used in general throughout this document, but occasionally the term patient is used where it is more appropriate.

Service: Anywhere health or social care is provided. Examples include but are not limited to: acute hospitals, community hospitals, district hospitals, health centres, dental clinics, GP surgeries, home care, etc..

Skill mix: The combination of competencies including skills needed in the workforce to accomplish the specific tasks or perform the given functions required for safe high quality care.

Stakeholder: A person, group or organisation that affects or can be affected by the actions of, or has an interest in, the services provided.

Standard: In the context of this document a standard is a statement which describes the high level outcome required to contribute to quality and safety.

Statement of purpose: A description of the aims and objectives of the service including how resources are aligned to deliver these objectives. It also describes in detail the range, availability and scope of services provided by the overall service.

Taxonomy: A system for describing and organising terms into groups that share similar characteristics.

Tissue viability management: The prevention and management of all aspects of the skin and soft tissue wounds.

Workforce: The people who work in, for or with the service provider. This includes individuals that are employed, self-employed, temporary, volunteers, contracted or anyone who is responsible or accountable to the organisation when providing a service to the service user.

Resources

The accuracy, quality, relevance and currency of these works is not guaranteed or uniform and more recent information may have superseded these works. This list is not exhaustive. It does not include all the resources that may be relevant to service providers. It is up to service providers to identify the best available evidence relevant to their activities.

An Bord Altranais. *Practice Standards for Nurses and Midwives with Prescriptive Authority*. Dublin: An Bord Altranais; 2007.

An Bord Altranais. *The Code of Professional Conduct for each Nurse and Midwife*. Dublin: An Bord Altranais; 2000.

Australian Council for Safety and Quality in Health Care. *Open Disclosure Standard: A National Standard for Open Communication in Public and Private Hospitals, Following an Adverse Event in Healthcare*. Canberra: Australian Council for Safety and Quality in Health Care; 2003.

Australian Commission on Safety and Quality in Healthcare. *OSSIE Guide to Clinical Handover Improvement*. Sydney: Australian Commission on Safety and Quality in Healthcare; 2010.

Botwinick L, Bisognano M, Haraden C. *Leadership Guide to Patient Safety*. IHI Innovation Series white paper. Cambridge, Massachusetts: Institute for Healthcare Improvement; 2006.

Canadian Patient Safety Institute. *Canadian Disclosure Guidelines*. Alberta: Canadian Patient Safety Institute; 2008.

Citizens Information Board. *Accessible Information for all: Guidelines on developing accessible information in your organisation*. Dublin: Citizens Information Board; 2009.

Data Protection Commissioner. *Data Protection Acts 1998 and 2003: A Guide for Data Controllers*. Laois: Data Protection Commissioner; 2008.

Dental Council of Ireland. *Professional Behaviour and Dental Ethics*. Available online from: http://www.dentalcouncil.ie/g_dentaethics.php. Accessed on: 8 March 2011.

Department of Health and Children. *A Strategy for Cancer Control in Ireland*. Dublin: Department of Health and Children; 2006.

Department of Health and Children. *Building a Culture of Patient Safety: Report of the Commission of Patient Safety and Quality Assurance*. Dublin: Department of Health and Children; 2008.

Department of Health and Children. *Children First. National Guidelines for the Protection and Welfare of children*. Revised Edition. Dublin: Department of Health and Children, 2009.

Department of Health and Children. *Guidance on the implementation of the European Working Time Directive*. Dublin: Department of Health and Children; 2004.

Department of Health and Children. *Health Information A National Strategy*. Dublin: Department of Health and Children; 2004.

Department of Health and Children. *Primary Care A New Direction*. Dublin: The Stationery Office; 2001.

Department of Health and Children. *Protecting our future, A report of the Working Group on Elder Abuse*. Dublin: Department of Health and Children; 2002.

Department of Health and Children. *Quality and Fairness: A Health System For You*. Dublin: The Stationery Office; 2001.

Department of Health and Children. *Report of the National Advisory Committee on Palliative Care*. Dublin: The Stationery Office; 2001.

Department of Health and Children. *The Lourdes Hospital Inquiry, An Inquiry into peripartum hysterectomy at Our Lady of Lourdes Hospital, Drogheda*. Dublin: Department of Health and Children; 2006.

Department of Health and Children. *The National Health Promotion Strategy 2000–2005*. Dublin: Department of Health and Children; 2000.

Department of Health and Children. *The Prevention of Transmissions of Blood-Borne Diseases in the Health-Care Setting*. Dublin: Department of Health and Children; 2005.

Department of Health and Children and the Health Service Executive. *National Strategy for Service User Involvement in the Irish Health Service 2008–2013*. Dublin: Department of Health and Children; 2008.

Department of Health and Children and the School of Public Health, Physiotherapy and Population Science University College Dublin. *All Ireland Traveller Health study. Our Geels*. Dublin: Department of Health and Children; 2010.

Department of Health. *Essence of Care 2010. Benchmarks for the Fundamental Aspects of Care*. Norwich: The Stationery Office; 2010.

European Union Network for Patient Safety (EUNetPaS). *Use of patient safety culture instruments and recommendations*. Denmark; European Union Network for Patient Safety; 2010.

Farrell C, McAvoy H, Wilde J and Combat Poverty Agency. *Tackling Health Inequalities. An All Ireland Approach to Social Determinants*. Dublin: Institute of Public Health in Ireland and the Combat Poverty Agency; 2008.

FOI Central Policy Unit Department of Finance. *A Short Guide to the Freedom of Information Act 1997 and Freedom of Information (Amendment) Act 2003*. Dublin: FOI Central Policy Unit Department of Finance; 2004.

Goodrich J and Cornwell J. *Seeing the Person in the Patient: The Point of Care Review Paper*. London: The King's Fund; 2008.

Health Information and Quality Authority. *An "As Is" Analysis of Information Governance in Health and Social Care Settings in Ireland*. Dublin: Health Information and Quality Authority; 2010.

Health Information and Quality Authority. *Catalogue of National Health Information Sources in Ireland. Version 1*. Dublin: Health Information and Quality Authority; 2010.

Health Information and Quality Authority. *General Practice Messaging Standard*. Dublin: Health Information and Quality Authority; 2010.

Health Information and Quality Authority. *Guidance for the Budget Impact Analysis of Health Technologies in Ireland*. Dublin: Health Information and Quality Authority; 2010.

Health Information and Quality Authority. *Guidance for the Economic Evaluation of Health Technologies in Ireland*. Dublin: Health Information and Quality Authority; 2010.

Health Information and Quality Authority. *Guidance on Developing Key Performance Indicators and Minimum Data Sets to Monitor Healthcare Quality*. Dublin: Health Information and Quality Authority; 2010.

Health Information and Quality Authority. *International Review of Information Governance Structures*. Dublin: Health Information and Quality Authority; 2009.

Health Information and Quality Authority. *National Standards for the Prevention and Control of Healthcare Associated Infections*. Dublin: Health Information and Quality Authority; 2009.

Health Information and Quality Authority. *Pre-Hospital Emergency Care Key Performance Indicators for Emergency Response Times*. Dublin: Health Information and Quality; 2011.

Health Information and Quality Authority. *Recommendations for a Unique Health Identifier for Individuals in Ireland*. Dublin: Health Information and Quality Authority; 2009.

Health Information and Quality Authority. *Report of the Investigation into the Provision of Services to Ms A by the Health Service Executive at University Hospital Galway in Relation to her Symptomatic Breast Disease, and the Provision of Pathology and Symptomatic Breast Disease Services by the Executive at the Hospital*. Cork: Health Information and Quality Authority; 2008.

Health Information and Quality Authority. *Report of the Investigation into the Circumstances Surrounding the Provision of Care to Rebecca O' Malley, in Relation to her Symptomatic Breast Disease, the Pathology Services at Cork University Hospital and Symptomatic Breast Disease Services at the Mid-Western Regional Hospital, Limerick*. Cork: Health Information and Quality Authority; 2008.

Health Information and Quality Authority. *Report of the Investigation into the Quality and Safety of Services and Supporting Arrangements Provided by the Health Service Executive at the Mid-Western Regional Hospital Ennis*. Cork: Health Information and Quality Authority; 2009.

Health Information and Quality Authority. *Report of the Investigation into the Quality and Safety of Services and Supporting Arrangements Provided by the Health Service Executive at Mallow General Hospital*. Dublin: Health Information and Quality Authority; 2011.

Health Information and Quality Authority. *Report of the National Quality Review of Symptomatic Breast Disease Services in Ireland*. Dublin: Health Information and Quality Authority; 2010.

Health Service Executive. *National Hospitals Office Code of Practice for Healthcare Records Management*. Dublin: Health Service Executive; 2007.

Health Service Executive. *National Intercultural Health Strategy 2007 – 2012*. Dublin: Health Service Executive; 2008.

Health Service Executive. *Your Service Your Say: Your guide to the Health Service Executive's Feedback Policy*. Kildare: Health Service Executive; 2008.

Health Service Executive and National Adult Literacy Agency. *Literacy Audit for Healthcare Settings*. Dublin: National Adult Literacy Agency; 2009.

Healthcare Quality Improvement Partnership. *Patient and Public Engagement (PPE). PPE in clinical audit 2009*. London: Healthcare Quality Improvement Partnership; 2009.

Hospice Friendly Hospitals Programme. *Quality Standards for End-of-Life Care in Hospitals*. Dublin: The Irish Hospice Foundation; 2010.

Hospice Friendly Hospitals Programme. *Design & Dignity Guidelines for Physical Environments of Hospitals Supporting End-of-Life Care*. Dublin: The Irish Hospice Foundation; 2008.

Institute of Medicine. *Crossing the Quality Chasm: A New Health System for the 21st Century*. Washington, D.C.: Institute of Medicine; 2001.

Irish Medicines Board. *Guide To The Vigilance System For Medical Devices*. Dublin: Irish Medicines Board; 2010.

Irish National Accreditation Board. *Minimum requirements for blood bank compliance with Article 14 (traceability) and Article 15 (notification of serious adverse reactions and events) of EU Directive 2002/98/EC*. Dublin: Irish National Accreditation Board; 2009.

Irish Society for Quality and Safety in Healthcare. *The Patients' View 2004 ISQSH National Survey*. Dublin: Irish Society for Quality and Safety in Healthcare; 2004.

Kennedy I, Howard R, Maclean M, and Jarman B. *Learning from Bristol: Report of the Public Inquiry into Children's Heart Surgery at the Bristol Royal Infirmary 1984–1995*. London: Bristol Inquiry; 2001.

Machell S, Gough P, Naylor D, Nath V, Steward K and Williams S. *Putting Quality First in the Boardroom Improving the Business of Caring*. London: The King's Fund; 2010.

Madden D. *Report of Dr. Deirdre Madden on Post Mortem Practice and Procedures*. Dublin: The Stationery Office; 2006.

Martin LA, Neumann CW, Mountford J, Bisognano M, Nolan TW. *Increasing Efficiency and Enhancing Value in Health Care: Ways to Achieve Savings in Operating Costs per Year. IHI Innovation Series white paper*. Cambridge, Massachusetts: Institute for Healthcare Improvement; 2009.

Massachusetts Coalition for the Prevention of Medical Errors. *When things go wrong, responding to adverse events. A Consensus Statement of the Harvard Hospitals*. Massachusetts: Massachusetts Coalition for the Prevention of Medical Errors; 2006.

National Council for the Professional Development of Nursing and Midwifery. *Improving the Patient Journey: Understanding Integrated Care Pathways*. Dublin: National Council for the Professional Development of Nursing and Midwifery; 2006.

National Institute for Clinical Excellence. *Principles for Best Practice in Clinical Audit*. Oxon: Radcliffe Medical Press; 2002.

National Institute for Clinical Excellence. *Health Needs Assessment: a practical guide*. London: The National Institute for Clinical Excellence; 2005.

Office of the Information Commissioner. *Records Management Handbook*. Dublin: Office of the Information Commissioner; 2004.

Parsons S, Winterbottom A, Cross P and Redding D. *The quality of patient engagement and involvement in primary care*. London: The King's Fund; 2010.

Sadler BL, Joseph A., Keller A and Rostenberg B. *Using Evidence-Based Environmental Design to Enhance Safety and Quality. IHI Innovation Series white paper*. Cambridge, Massachusetts: Institute for Healthcare Improvement; 2009.

State Claims Agency. *The State Claims Agency Clinical Indemnity Scheme. Incident Notification Requirements*. Available online from: <http://www.stateclaims.ie/ClinicalIndemnityScheme/publications/2009/SCACISIncidentNotificationReqs.pdf>. Accessed on: 5 April 2011.

The Association of Anaesthetists of Great Britain and Ireland. *Inter-hospital transfer of the critically-ill patient in the Republic of Ireland. Guidelines for Anaesthetists and referring units*. London: The Association of Anaesthetists of Great Britain and Ireland; 2006.

The Faculty of Paediatrics, Royal College of Physicians of Ireland and the Irish Standing Committee, Association of Anaesthetists of Great Britain and Ireland. *Care of the critically ill child in Irish Hospitals*. London: The Association of Anaesthetists of Great Britain and Ireland; 2005.

The Irish College of General Practitioners and the National General Practice Information Technology Group. *Managing and protecting the privacy of personal health information in Irish general practice: An information guide to the Data Protection Acts for General Practitioners: Dublin: The Irish College of General Practitioners and the National General Practice Information Technology Group; 2003.*

The Marmot Review. *Fair Society, Healthy Lives. The Marmot Review*. London: The Marmot Review; 2010.

The Medical Council. *Good medical practice in seeking informed consent to treatment*. Dublin: The Medical Council; 2008.

The Medical Council. *Guide to Professional conduct and Ethics for Registered Medical Practitioners 7th Edition*. Dublin: The Medical Council; 2009.

The Pharmaceutical Society of Ireland. *Code of Conduct for Pharmacists*. Dublin: The Pharmaceutical Society of Ireland; 2009.

World Health Organization. *World Alliance for Patient Safety: Conceptual Framework for the International Classification for Patient Safety Version 1.1 Final Technical Report*. Geneva: World Health Organization; 2009.

World Health Organization. *Health Promotion in Hospitals: Evidence and Quality Management*. Copenhagen: WHO Regional Office for Europe; 2005.

Legislation

The accuracy, quality, relevance and currency of this legislation is not guaranteed or uniform and more recent legislation may have superseded these works. This list is not exhaustive. It does not include all the legislation that may be relevant to service providers. It is up to service providers to identify the legislation relevant to their activities.

Data Protection Acts 1988 and 2003
Dentists Act 1985
Disability Act 2005
Food Safety Authority of Ireland Act 1998
Freedom of Information Act 1997 and 2003
Health Act 2004 (Complaints) Regulations 2006 SI No. 652 of 2006
Health Act 2004
Health Act 2007
Health and Social Care Professionals Act 2005
Irish Medicines Board Act 1995 and 2006
Medical Practitioners Act 2007
Mental Health Act 2001
Non-Fatal Offences against the Person Act 1997
Nurses and Midwives Act 2011
Pharmacy Act 2007
Protections for Persons Reporting Child Abuse Act 1998
Public Health (Tobacco) Acts 2002 and 2004
Safety, Health and Welfare at Work Act 2005
The European Convention on Human Rights 2003
The Human Rights Commission Act 2000
The National Disability Authority Act 1999

Useful web resources

The Health Information and Quality Authority is not responsible for external website content.

An Bord Altranais – www.nursingboard.ie
Agency for Healthcare Research and Quality – www.ahrq.gov
Australian Patient Safety Foundation – www.apsf.net.au
Canadian Patient Safety Institute – www.patientsafetyinstitute.ca
Citizens Information Board – www.citizensinformationboard.ie
Clinical Indemnity Scheme – www.stateclaims.ie
Cochrane Collaboration – www.cochrane.org
Data Protection Commissioner – www.dataprotection.ie
Dental Council – www.dentalcouncil.ie
Department of Children and Youth Affairs – www.dcyu.gov.ie
Department of Health – www.dohc.ie
Economic and Social Research Institute – www.esri.ie
Environmental Protection Agency – www.epa.ie
Food Safety Authority of Ireland – www.fsai.ie
Freedom of Information website – <http://foi.gov.ie/>
Guidelines International Network – www.g-i-n.net
Health Complaints – www.healthcomplaints.ie
Health and Safety Authority – www.hsa.ie
Health and Social Care Professionals Council – www.coru.ie
Health Protection Surveillance Centre – www.hpsc.ie
Health Service Executive – www.hse.ie
Health Research Board – www.hrb.ie
Information Commissioner – www.oic.gov.ie
Institute for Healthcare Improvement – www.ihl.org
Institute of Public Health in Ireland – www.publichealth.ie
Irish Blood Transfusion Service – www.giveblood.ie
Irish Hospice Foundation – www.hospice-foundation.ie
Irish Medication Safety Network – www.imsn.ie
Irish Medicines Board – www.imb.ie

Irish Society for Quality and Safety in Healthcare – www.isqsh.ie
Law Reform Commission of Ireland – www.lawreform.ie
Medical Council – www.medicalcouncil.ie
Mental Health Commission – www.mhcirl.ie
National Adult Literacy Agency – www.nala.ie
National Disability Authority – www.nda.ie
National Institute for Health and Clinical Excellence – www.nice.org.uk
National Medicines Information Centre – www.nmic.ie
Pharmaceutical Society of Ireland – www.pharmaceuticalsociety.ie
Pre-Hospital Emergency Care Council – www.phecit.ie
Radiological Protection Institute – www.rpii.ie
Scottish Intercollegiate Guidelines Network – www.sign.ac.uk
The Equality Authority – www.equality.ie
The King's Fund – www.kingsfund.org.uk
World Health Organization – www.who.int

Appendices

Appendix 1

Methodology – development of the *National Standards for Safer Better Healthcare*

The design principles that underpin standards developed by the Authority include that they:

- are based on evidence, where available
- are service-user and outcome focused
- focus on areas of importance for quality and safety for service users and that are most amenable to improvement through standards
- provide impetus for improvement
- are developed with multi-sectoral and multidisciplinary input including service users
- enable compliance to be demonstrated
- use language that is clear and user friendly
- are subject to public consultation
- are subject to the Board of the Authority's approval
- are subject to Ministerial approval.

These National Standards have been developed through a process that takes account of best practice in regulation.

A review of international and national literature was undertaken and used to inform the development of the National Standards.

The National Standards take account of published research, standards in other countries, expert opinion, government policy and reports by both national and international governmental and non-governmental organisations.

The Authority conducted a national representative poll in the summer of 2010 asking members of the public for their opinion on the important areas of quality and safety in healthcare. Findings from this research can be found at www.hiqa.ie.

In addition, the Authority consulted with other national and international regulatory organisations.

The Authority also hosted and attended a series of meetings with a range of interested parties to present the concepts and background to the National Standards.

The Authority convened an Advisory Group made up of a diverse range of stakeholders, including service-user representatives, healthcare professionals and service providers. The function of the group was to advise the Authority, support consultation and information exchange and advise on further steps. Membership of this group is given in Appendix 2.

A national public consultation during September to November 2010 enabled the Authority to gain the views of a large number of stakeholders. There were over 200 submissions to the consultation process that were analysed and used to inform the development of the Standards. A summary and analysis of these submissions is available as a Statement of Outcomes on www.hiqa.ie.

Appendix 2

Membership of the Standards Advisory Group convened by the Health Information and Quality Authority

Paul Armstrong	Forum of Irish Postgraduate Training Bodies – ICGP
Jon Billings	Health Information and Quality Authority (chairperson)
Mary Boyd	Irish Association of Directors of Nursing and Midwifery (joined April 2010)
Margaret Brennan	Health Service Executive
Fergus Clancy	Independent Hospital Association of Ireland
Eibhlin Connolly	Department of Health (joined March 2011, replacing Philip Crowley)
Philip Crowley	Department of Health and Children (resigned January 2011)
Brian Conlan	Dublin Academic Teaching Hospitals
Joe Devlin	Health Service Executive
Eugene Donoghue	Health and Social Care Regulatory Forum
Debbie Dunne	Clinical Indemnity Scheme (deputising for Ailis Quinlan)
Patricia Gilheaney	Mental Health Commission
Tom Gorey	Forum of Irish Postgraduate Training Bodies – Surgeons
Ginny Hanrahan	The Health and Social Care Professionals' Council (resigned January 2010)
Paul Kavanagh	Health Service Executive (resigned May 2010)
Leo Kearns	Forum of Irish Postgraduate Training Bodies
Thomas Kearns	Health and Social Care Regulatory Forum (deputising for Eugene Donoghue)
Ken Lowry	Forum of Irish Postgraduate Training Bodies – Anaesthetists

Deirdre Madden	Faculty of Law, University College Cork
Pat McCreanor	Pre Hospital Emergency Care, HSE (joined April 2010)
Jeanne Moriarty	Forum of Irish Postgraduate Training Bodies (deputising for Ken Lowry)
Deirdre Mulholland	Health Information and Quality Authority
Stephen Mulvany	Health Service Executive (resigned January 2011)
Robert Morton	Pre Hospital Emergency Care, HSE (joined March 2011)
Margaret Murphy	WHO Patients for Patient Safety Programme
Muireann Ni Chroninin	Forum of Irish Postgraduate Training Bodies - Paediatricians
Ailis Ni Riain	Forum of Irish Postgraduate Training Bodies - ICGP (deputising for Paul Armstrong)
Irene O'Connor	Irish Association of Directors of Nursing and Midwifery
Lisa O'Farrell	Mental Health Commission (deputising for Patricia Gilheaney)
Kieran O'Leary	Diabetes Federation of Ireland
Ailis Quinlan	Clinical Indemnity Scheme
Geraldine Regan	Health Management Institute of Ireland
Jim Reilly	Patient Focus
Kieran Ryan	Forum of Irish Postgraduate Training Bodies - Surgeons (deputising for Tom Gorey)
Winifred Ryan	Health Service Executive (joined April, 2010, replacing Paul Kavanagh)
Cornelia Stuart	Health Service Executive (joined January 2011, replacing Stephen Mulvanny)

Notes

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